DOCUMENT RESUME

ED 063 063 RC 006 136

TITLE	Oregon Migrant Health Project, 1971 Annual Report.
INSTITUTION	Oregon State Board of Health, Portland.
SPONS AGENCY	Public Health Service (DHEW), Washington, D.C. Migrant Health Service.
PUB DATE	71
NOTE	59p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Agricultural Laborers; *Annual Reports; Dental Health; Diseases; Health Education; *Health Needs; Labor Camps; Laws; Living Standards; *Medical Services; *Migrant Health Services; *Migrant Worker Projects; Ophthalmology; Rural Areas; State Programs; Tables (Data)
IDENTIFIERS	Oregon

ABSTRACT

In its 9th year of providing migrant health services through a U.S. Public Health Service Continuing Migrant Health Act grant, this Oregon Migrant Health Project annual report is concerned with (1) the health services provided during the 1970-71 harvest season through a contractual arrangement between the Oregon State Health Division and 10 county health departments and (2) direct services provided in 2 counties by the State Health Division. Over 40,000 migrants were served through diagnostic and medical services, preventive medical services, dental care services, counseling services, and referral services. Also, promotion of health awareness, education, and improvement of living conditions was a goal of the project. Project results in this annual report are presented in narrative and tabular form. The appendix includes a description of the Stayton Migrant Outreach Program; tables related to dental, optometric, and hearing and vision conservation services; and discussions of the Oregon Migrant Health Advisory Committee and its 4 meetings. Related documents are ED 048 963 and ED 049 866. (MJB)

ED 063063

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

ADMINISTRATIVE STAFF

Oregon Migrant Health Project
Occupational Health Section
Office of Local Health Services
Oregon State Health Division
1400 S.W. 5th Avenue
Portland, Oregon 97201

Project Director: Darrel D. Douglas
Director
Occupational Health Section

Taylor Sandvigen
Assistant Director
Occupational Health Section

Project Consultants:

Lois Epeneter, P.H.N.
Supervisory Nurse

R. M. Heilman, M.D.
Medical Consultant

Marion Kelsven, P.H.N.
Assistant Supervisory Nurse

Raymond Jorgensen
Assistant Supervisory Sanitarian

Sonja R. Kollias, M.P.H.
Health Education Consultant

ADMINISTRATIVE STAFF
OF
County Migrant Health Projects

Health Officer/Director	Supervisory Nurse	Supervisory Sanitarian
Clackamas County Hollister M. Stolte, M.D.	Helen Hill, P.H.N.	John M. Borden
Hood River County L. L. Hoffman, M.D.	JoAnn Oakes, P.H.N.	Noel P. McKeehan
Jackson County Hugh E. Dierker, M.D.	Bonnie J. Tull, P.H.N.	William R. Dieriex
Jefferson County C. K. Kemper, M.D.	Doris Suratt, P.H.N.	John R. Kuhn
Klamath County Neil Black, M.D.	Myrtle Caldwell, P.H.N.	Willard Ostlund
Linn County Julius Varga, M.D.	Anne Dunlap, P.H.N.	Fred A. Weber
Malheur County David W. Sarazin, M.D.	Edna Blaylock, P.H.N.	Ray Huff
Marion County John T. Herron, M.D.	Helen Murray, P.H.N.	C. S. Sherman
Polk County E. B. Bossatti, M.D.	Marie Swanson, P.H.N.	Ron Baker
Umatilla County Charles E. Sappington, M.D.		C. Evan Dillon
Washington County Harry A. Kemp	Patricia Williams, P.H.N.	Robert Brown
Yamhill County Lloyd E. Ragan, M.D.	Mildred Philippi, P.H.N.	Milton Buehler

TABLE OF CONTENTS

FOREWORD

PROBLEM

SUMMARY STATEMENT

EVALUATION NARRATIVES

MEDICAL
HOSPITAL
DENTAL
NURSING
HEALTH EDUCATION
SANITATION

APPENDIX

NOTE: Reports of individual county projects are under separate cover.

NOTE:

Since this report was written, there has been a legal opinion to the effect that governmental agencies can meet the requirements set forth in Federal regulations and be eligible for migrant health grant awards. (In reference to comments on Pages 3 and 7).

* * * * * * * * * * *

FOREWORD

The Oregon Migrant Health Project has completed its ninth year of providing migrant health services through a U.S. Public Health Service continuing Migrant Health Act grant. This is the terminal year for the project in this form, due to the implementation of proposed Federal Regulations.

The imminent changes in existing migrant health projects, imposed by unofficial Federal guidelines and policies, resulted in some local projects making adjustments to further develop "consumer participation" and to delete Federal support of camp sanitation services. The more recent "Proposed Federal Regulations" called a halt to program planning by all local projects, as it was quite evident that the regulations were incompatible with State laws governing health department procedures. Specifically, a "policy board" other than a county board of health could not make decisions regarding personnel and administrative policies of health department administered programs. (The decision to discontinue support for the sanitation aspect of the project is addressed in the sanitation section of this report.) Six of the project counties did not meet the "criteria of need," as specified by Region X, U.S. Public Health Service. This need is based on the number of migrants and their length of stay in an area.

Currently, the outlook for migrant health services in Oregon is not clear. There are three major groups proposing to be grantee of Migrant Health Act funds in competition with one another.

1. The Valley Migrant League (an OEO agency) proposes to provide migrant health services in five counties (Willamette Valley) through contracts with three county health departments and to utilize its existing board of directors as a migrant health policy board.

2. The Idaho Migrant Council (an OEO agency) proposes to serve as the grantee of Migrant Health Act funds to provide services in Treasure Valley (six Idaho counties and one Oregon county) on contract with Community Health Clinics, Inc. (CHC,Inc.) as the service provider. The policy board would be the CHC, Inc. board of directors.

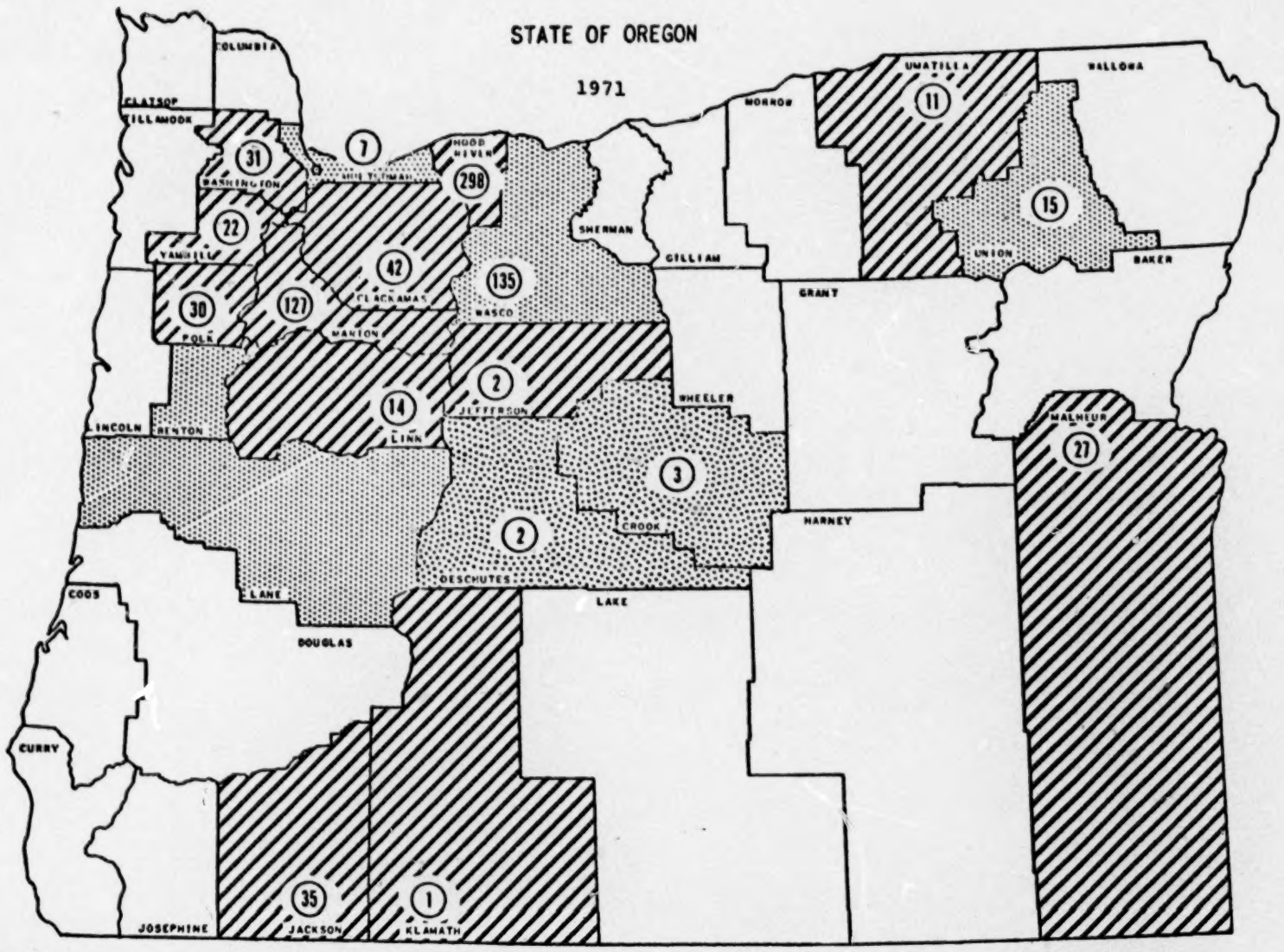
3. The Migrant-Indian Coalition (Federally funded) proposes to serve as the grantee for migrant health services in both the Willamette Valley and the Treasure Valley, as well as the remaining areas within Oregon which have considerable numbers of migrants.

Region X, U.S. Public Health Service, has recommended funding of regional plans for the Willamette Valley and the Treasure Valley and has suggested continued minimal funding of migrant health services in three counties either due to the concentration of migrants in the county or the isolation of the county from health service areas. The proposed funding would terminate June 30, 1973. The counties and proposed level of funding are:

Hood River County	$15,000
Jackson County	5,000
Jefferson County	4,000

Region X has encouraged the State Health Division to continue a limited state project during fiscal year 1973 in order to provide assistance in non-funded areas to develop other means of providing migrant health services as well as to provide technical assistance to funded projects.

It remains to be seen whether or not health services planned under the proposed Regulations can be organized and operational in time to serve migrants during the 1972 harvest season. In the opinion of the State project staff, program changes which would allow a greater portion of the total funds for provision of direct medical, dental, and hospital care would be valuable.



/// Project Counties with migrant population

Non-project counties with migrant population

(#) Number of farm labor camps

PROBLEM: There are 40,000+ migrants in 19 Oregon counties. Approximately 14,000 are located in the Willamette Valley; 6,000 in the Malheur County portion of Treasure Valley; and 7,000 in the Hood River area. Thirteen thousand plus are located in six additional areas for short periods of time. Based on 1971 migrant health project data, it is estimated that of the total migrants, 33% or 13,200 are in need of some type of medical service. The major need is for direct patient care, specifically: 2% or 800 migrants will be in need of emergency room care; 24% or 9,600 will be in need of clinic and/or physician services. Forty-two percent or 16,800 are estimated to be in need of dental care. If migrant funds are not available, the migrants either will go without needed health care; or, in the case of emergency health care, the small communities or counties will bear the financial loss. Local governments do not receive state funds to provide local health services and their local ability to finance such services does not meet even the need of the residents, let alone the migrants. Other factors making the use of existing health services improbable are: shortage of manpower, cultural barriers, and the lack of outreach and transportation services. The remaining 20,000+ migrants are located temporarily in areas which are involved in planning for comprehensive care services. The percentages of need for specific care remain approximately the same as with the 20,000 migrants in unserviced areas.

SUMMARY STATEMENT

Migrant health services were provided during the 1970-71 harvest season through:

1) A contractual arrangement between the Oregon State Health Division and 10 county health departments; and

2) Provision of direct services in two counties by the State Health Division.

SERVICES

Medical and limited dental care were provided either through project funded clinics or on a fee-for-service basis with private physicians and dentists. Supportive in-camp nursing and outreach services were provided. Traditional sanitation services were supported in all but two project areas. Hospitalization of migrants occurred even though generally project funding was not available for this service. In most instances, hospitals went unpaid; in some others the county governments utilized local funds to offset the hospital costs. State and local resources for payment of health services were more scarce this season than in seasons past, which is a natural reflection of the general economic crisis throughout the country. Coordination with other federally funded programs such as"Health Start" and the "Migrant Education Programs" enabled a greater number of migrant children to receive needed health care.

The last Oregon Legislature passed a bill permitting dental students to practice under a preceptorship program in areas outside of the Dental School. This legislation occurred too late in the harvest season to permit planning and implementation of services to the migrants. Hopefully, their services can be utilized in the coming seasons, perhaps by establishing community clinics for low-income people including migrants.

In comparing last year's dental screening data with the data collected during this year, it appears that there is a downward trend in the number of children needi g dental care. In like manner, there is evidence of more children having had needed dental care.

Training opportunities and consultation were provided to local project staff to increase their ability to achieve consumer participation in solving health problems and to make health services more responsive to the health needs felt by migrants.

Efforts have been made to assist all interested groups in their development of proposals to provide services through migrant health funds; in order to assure the continuation of migrant health services now that the State of Oregon is no longer a qualified grantee of such funds.

The following are accomplishments in the provision of health services during the 1971 project year:

1.	Migrants evaluated for health needs and provided outreach services paid by project funds	18,114
2.	Migrants who obtained care in private physicians offices, services paid by project funds	2,320
3.	Migrants who obtained care in project funded clinics. . .	1,885
4.	Migrants who received dental screening and instruction services	3,326
5.	Migrants who received dental care	882
6.	Migrants who received prophylactic fluoride applications.	1,257

7.	Migrants who received hospital care (27 were paid in part by project funds)	345
8.	Migrants who received hearing screening.	916
9.	Migrants who were treated for hearing problems	42
10.	Migrants who received vision screening	1,452
11.	Migrants who were treated for vision problems	199
12.	Migrant women who received Pap smears	250
13.	Migrants who received Family Planning services (probably includes most Pap smears)	320
14.	Migrant mothers who received prenatal care	257
15.	Migrant mothers who received postpartum care	70
16.	Migrant children who received Well-Child Clinic care .	249
17.	Immunizations given	1,180
18.	Tuberculin tests given (128 positive reactions, 8 active cases hospitalized)	1,751
19.	Migrants who received screening chest X-rays	338
20.	Migrants who received tuberculosis follow-up in chest clinics	173
21.	Migrants who received serology screening (14 needed follow-up, 20 received treatment for existing condition)	408
22.	Migrants who received diabetic screening	259
23.	Migrants with diabetes who received medical follow-up. .	66
24.	Epileptic cases who received medical follow-up	36
25.	Nursing follow-up visits made for medical care from clinics or physicians	7,100
26.	Individual counseling and aide services.	9,596
27.	Migrants who were provided family health records (232 presented health records)	2,766
28.	Migrants who received continued care via inter-and intra-state referral system (130 referrals sent)	84
29.	Migrant health advisory committees established/maintained	6
30.	Project staff members and health department staff who received training relating to their migrant health work--provided by state project	60
31.	Training sessions	5

MEDICAL SERVICES

During the past harvest season, migrant funds were again provided to 12 project county areas to assist in providing medical services, limited dental care, and preventive health services to migrant agricultural workers and their families. In the majority of the project counties, medical and dental services were provided by referral to local physicians and dentists through a fee-for-service arrangement. During the peak of the harvest season, evening family clinics were conducted in Marion and Washington Counties. In these counties referrals were also made to the University of Oregon Medical School or to private physicians for patients needing specialized care or for care at times when the clinics were closed. In Yamhill County, which has a number of home-based migrants, the Eola Clinic provides a year-round service but reduces the frequency of this service during the "off season."

All available local resources are utilized to supplement the limited project funds available for medical care. Generally, these are services provided to the entire community by the local health departments or other agencies. Referrals are made to regular family planning, immunization, well-child, otology, tuberculosis, venereal disease, and mental health clinics.

Some medical or dental services are financed by other resources such as educational programs (WIN, etc.), general welfare assistance, Medicaid (categorical), Vocational Rehabilitation, or industrial insurance. In some of the project areas, children receive services provided by the Migrant Education Program, Head Start, and Health Start in day care centers. Every effort is made to determine migrant eligibility for these services--using migrant funds only when no other funding is available. Local service organizations may occasionally provide monies for such things as glasses, but generally they provide help for the families in the form of transportation for care, clothing, or volunteer work in day care centers.

During the past year, the project nurses and aides screened 18,114 individuals for all health problems. Of these, 6,149 individuals received health services in family clinics, hospital emergency rooms, physicians offices, or in special clinics. The following table shows a breakdown of the services given and indicates the number of related nursing visits (6,939) made to migrants in regards to their health care. In addition, and not included on the table, 759 individuals were seen in multi-purpose nursing clinics held in one county area.

MEDICAL, DENTAL, AND HOSPITAL SERVICES

Migrants Receiving Medical Services

	Sex		Age Group								Number of Visits For Care	Number of Related Nursing Visits
	M	F	Under 1	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 +	* Total		
Family Clinics	521	740	117	295	583	370	427	136	40	2049	4198	1052
Physicians Offices	982	1235	149	286	443	508	516	340	64	2320	3104	3245
Health Department Clinics												
Immunization	240	283	197	402	308	35	33	5	0	940	666	83
Tuberculosis (chest)	88	94	1	10	29	27	68	41	6	173	190	767
Family Planning	0	149		0	0	79	66	4	0	146	207	144
Mental Health	6	4				4	5	1		10	42	14
Otology	3	5		2	6					12	21	44
Pre-Natal	-	0										
Well-Child	35	38	5	31	36	1				61	73	91
V.D.	2	1				1	2			3	3	
Miscellaneous	9	3		2	2	2	5	1		12	16	
Hospital Emergency Rooms	261	158	5	23	25	44	49	10	1	423	411	280
TOTALS	2147	2730	474	1051	1432	1071	1171	538	111	6149	8932	6939

*Figures in the "total" column are accurate; subtotal figures in the age and sex columns are incomplete and therefore do not balance with the total column.

Besides those receiving medical services indicated on the previous table, an additional 1,441 individuals received services given for special conditions or for examinations without illness. Another 3,528 individuals were screened by specific screening. (See following tables.) Undoubtedly, many of the individuals receiving screening services were also provided medical care.

OREGON PROJECT COUNTIES - 1971

Services Given for Special Conditions or Examinations without Illness

COUNTY	General Physical Exam		Family Planning Services		Well Child Care		Prenatal Care		Postpartum Care		TB Follow-up Individuals on Prophylactic Rx	
	TI*	TV**	TI	TV	TI	TV	TI	TV	TI	TV	TI	TV
CLACKAMAS	0	0	4	4	4	4	9	20	3	11	3	3
HOOD RIVER	101	27	23	24	77	122	38	81	9	14	17	47
JACKSON	-	-	12	29	7	17	11	31	5	13	2	6
JEFFERSON	-	-	-	-	-	-	9	10	1	1	-	-
KLAMATH	-	-	-	-	-	-	2	4	-	-	-	-
LINN	2	3	30	61	8	17	29	83	6	12	0	0
MALHEUR	2	4	29	29	39	39	41	131	31	57	29	174
MARION	93	97	102	126	45	51	41	64	5	7	5	7
POLK	2	2	7	7	32	32	4	5	1	1	4	5
UMATILLA	3	3	19	21	6	6	14	25	3	3	2	2
WASHINGTON	-	-	53	60	6	6	25	36	3	3	-	-
YAMHILL	263	263	41	76	25	32	34	93	3	6	17	17
TOTALS	466	399	320	437	249	326	257	583	70	128	79	261

* TOTAL INDIVIDUALS

** TOTAL VISITS FOR SERVICE

Screening Services

	Pap Smears			Diabetic Screening			Serology Screening			Vision Screening			Auditory Screening			Screening Chest X-Ray		
	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C
CLACKAMAS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	0	0
HOOD RIVER	23	6	6	6	3	3	9	3	3	170	10	2	140	12	11	10	10	10
JACKSON	23	-	23	-	-	-	-	-	-	-	-	-	-	-	-	5	-	2
JEFFERSON	-	-	-	-	-	-	-	-	-	17	4	4	13	3	1	-	-	-
KLAMATH																		
LINN	32	4	4	4	1	1	3	3	2	-	-	-	10	4	1	12	5	-
MALHEUR	Unknown			Unknown			24	2	9	365	29	29	263	15	7	191	89	89
MARION	63	30	27				343	5	5	237	3	3	217	24	-	25	2	2
POLK	7	0	0	-	-	-	-	-	-	25	2	2	-	-	-	-	-	-
UMATILLA	7	0	0	-	-	-	-	-	-	5	2	2	9	1	0	2	0	0
WASHINGTON	53	-	53	4	4	4	-	-	-	150	46	46	157	19	8	-	-	-
YAMHILL	42	1	1	245	14	14	29	1	1	388	47	33	107	17	14	90	42	-
TOTALS	250	114	114	259	22	22	408	14	20	1357	145	121	916	95	42	338	148	103

A - Number of Individuals
B - Number Needing Follow-up
C - Number Receiving Care

Total Individuals Screened - 3528
Total Individuals Needing Follow-up - 538
Total Individuals Receiving Care - 422

In addition to services provided on the local level, the University of Oregon Medical School Hospitals and Clinics again provided much medical care. Due to budget restrictions, decreased staffing, and the additional demand placed upon the facility because of the depressed economic situation in the State, it was more difficult to procure medical services for migrants in this institution during the past summer.

Some needed surgery was obtained through the residency training programs in Portland hospitals. The Devers Memorial Eye Clinic, Shriners Hospital for Crippled Children, the Crippled Children's Division, and various state hospitals (mental and tuberculosis) provided care for patients needing their specialized type of service without cost to the patients or the project.

In cooperation with the Pacific University School of Optometry (Forest Grove, Oregon), an optometric clinic was conducted in conjunction with the Stayton (Marion County) evening clinic. The staff conducted vision screening. When the need was indicated, referrals were made to the clinic for further examination. Glasses were provided if needed. The staff reports examining 95 patients (ages 5-83). Six were given medical referrals; seven needed no therapy; and 78 had lens prescriptions. (See Appendix for the complete report.) This school has a regular community optometric clinic located on the University campus which is used for services to migrants in that area.

The Maternal and Child Health Section of the Oregon State Health Division also provided pre-school vision and hearing screening in two county areas. The staff reports 248 pre-school children participated in the hearing screening with 24 of these referred for additional evaluation and treatment. For this Section's report, please see Appendix.

The following table shows the diagnosed and/or medical conditions treated by physicians in clinics, physicians offices, health departments, or hospital emergency rooms. Again, we see many individuals treated for diseases of the respiratory tract, skin conditions, ear infections, other infections, and a large number of accidents (usually not work-related).

DIAGNOSED AND/OR
MEDICAL CONDITIONS TREATED BY PHYSICIANS IN CLINICS, HEALTH DEPARTMENTS, HOSPITAL EMERGENCY ROOMS AND PHYSICIANS OFFICES, BY OREGON PROJECT COUNTY, 1971

COUNTIES	MEDICAL CONDITIONS: Infective and Parasitic Diseases	Neoplasms	Endocrine Nutritional & Metabolic	Diseases of the Blood and Blood Forming Organs	Mental Disorders	Diseases of the Nervous System & Sense Organs	Diseases of the Circulatory System	Diseases of the Respiratory System	Diseases of the Digestive System	Diseases of the Genitourinary System	Complications of Pregnancy, Childbirth and the Puerperium	Diseases of the Skin and Subcutaneous Tissue	Diseases of the Musculoskeletal System and Connective Tissue	Congenital Anomalies	Perinatal Morbidity & Mortality	Symptoms and Ill-Defined Conditions	Accidents, Poisonings, Violence	Total of All Conditions
CLACKAMAS	13	2	6	1	6	10	8	39	4	16	1	21	4	1	0	12	13	157
HOOD RIVER	28	3	6	6	8	26	14	68	58	44	5	55	9	0	1	18	37	386
JACKSON	20	0	2	0	0	3	0	10	26	11	0	13	2	0	0	0	16	103
JEFFERSON	1	0	1	0	2	3	1	12	10	0	1	3	7	0	0	1	1	43
KLAMATH	2	0	0	0	0	0	1	2	5	8	1	6	0	0	0	6	0	31
LINN	85	1	17	1	2	47	6	71	16	22	4	63	7	0	4	31	24	401
MALHEUR	142	5	102	19	2	100	81	126	41	44	18	54	30	4	0	30	19	817
MARION	72	7	32	21	20	166	58	297	103	94	8	104	34	0	0	73	1[illegible]	1213
POLK	11	0	4	1	4	9	1	28	6	2	1	10	9	1	0	12	13	112
UMATILLA	13	1	2	0	3	13	4	45	11	9	1	10	1	0	0	5	4	123
WASHINGTON	357	2	149	4	2	83	13	356	48	34	17	188	16	0	1	51	104	1455
YAMHILL	75	14	31	11	28	223	23	350	106	76	2	206	59	3	0	25	76	1308
TOTAL	819	35	352	64	77	683	210	1434	434	360	59	733	178	9	6	264	431	6149

A special concern has always been felt for the migrant with a chronic condition (such as epilepsy, diabetes, and tuberculosis). These patients especially need a continuity of care for effectiveness of control; and regularity of medication, diet, etc., are absolutely essential if the patient is to function at his maximum capacity. Continuity of care is difficult to arrange with the patients' mobility. Special effort is made to follow such patients regularly through a referral system and by providing records for the family to carry. For tuberculosis control, attempts are made to correlate our program with other state and agency programs to provide regularity of medical surveillance of known tuberculosis patients by exchange of medical information. If a "check-up" is needed while the patient is in Oregon, arrangements are made for a chest clinic appointment, or at least for an X-ray. The results of these examinations and any recommendations are forwarded to the care agency at their home base. This type of follow-up includes patients on prophylactic drugs. Mass tuberculin testing is not done. Testing is done on case contacts and their families and on anyone with indicative symptoms or history of contact. Close cooperation with the Oregon State Health Division, Tuberculosis Control Section, has been mutually beneficial in providing tuberculosis surveillance. During the past year, eight active cases of tuberculosis found among migrants were reported as admitted to the University State Tuberculosis Hospital for treatment. This fact alone emphasizes the need for case-finding and surveillance in this high-risk group.

Tuberculin Tests

	Under 1 Year	1 - 4	5 - 14	15 - 24	25 - 44	45 - 64	65 +	* Total
Positive Reactions		3	4	11	35	11	3	128
Negative Reactions	39	310	437	149	180	35	2	1239
Total Tests Given	43	326	651	170	224	48	6	1751

* Includes testing on 141 students (Adult Migrant Education Program) at Treasure Valley Community College in the 19-55 age group. Age breakdown was not recorded.

In working with migrant families, emphasis on preventive measures has always held a high priority with the project nurses. Prenatal care, nutritional needs, dental care, accident prevention, and immunization are areas of particular interest. Immunizations are usually given in the regular health departments, migrant family clinics, or in some areas at well-child clinics. Records of immunizations given are provided to the

migrant families, but it was found they seldom carry these and it is difficult to determine the level of immunization on these people. Following is a table of the numbers and kinds of immunizations given.

Immunizations Provided

Type	Immunizations by Age					Boosters, Revaccinations
	Under 1 Year	1 - 4	5 - 14	15 and Older	Total	
Smallpox	2	36	14	2	54	1
DPT - 1st in Series	45	90	44		179	12
2nd in Series	18	36	14		68	1
3rd in Series (Completed)	26	25	20		71	64
DT - 1st in Series		1	10	5	16	1
2nd in Series (Completed)			16		16	2
Tetanus			2	2	4	
Polio - 1st in Series	45	88	41	4	178	15
2nd in Series (Compl.)	16	43	36	3	98	35
Measles		48	54	11	113	
Rubella		129	117	2	248	
Other (specify) MMR		1	3		4	
TOTAL					1049*	131

* Clackamas County statistics not available. Services given at health department.

While every effort is made to see that care is provided to the migrant while he is in the State, we know it is not always possible for a number of reasons. It is also very difficult to document the unmet needs but an attempt was made. The following table, while incomplete, does give an indication of the reasons some needs were not met.

Unmet Needs

Individuals Not Receiving Care for Following Reasons:	Dental	Medical
No Resources	162	8
Left Area Before Appointment	28	127
Did Not Keep Appointment	43	152
Refused Care	10	26
Inadequate Funds	275	(Incl. Hosp.) 66
Unspecified		17
Failed to Make Appointment	5	5
Will Wait until Return Home	1	5
Obstetrical - Delivered at Home		2
Lack of Transportation	2	2
TOTALS	526*	410

* Included in the dental total of 999 indicated as needing dental care.

HOSPITAL SERVICES

Providing hospital services for migrants while in Oregon has always been a matter of real concern to the migrant health project in its efforts to provide comprehensive health care. Because of the great extent of need and the limited amount of project hospitalization funds, the project has always attempted to utilize existing resources before using migrant project funds to pay for hospitalizations, thus extending these funds as much as possible. Even when there were no funds, hospitals have never refused emergency service to migrants. Most cases paid for in part with project funds have been for acute medical problems and deliveries. Surgeries have usually been emergencies, rather than elective.

In view of the fact that other costs of services had risen and there was no increase in funding to the state, the difficult decision was made to eliminate the hospital component as of July 1, 1971. Though the complete elimination had not been scheduled for another year, the formula for reduction left such a small amount available for hospitalizations that it could not in any way begin to meet needs.

Counties near Portland continued to use resources available in the metropolitan area but found these were more limited than in former years. The University of Oregon Medical School Clinics and Hospitals, which have always been most cooperative and helpful in providing care to migrants, had to limit services due to curtailed budget and staff. Depressed economic conditions have also placed additional burdens on other facilities; however, the greatest impact has been felt in the rural areas where the small community hospitals cannot absorb the costs of so many unpaid bills. It was reported that the two small community hospitals in Malheur County had over $33,000 in outstanding migrant bills during this report period.

Further complicating the financial picture is the fact that Title 19 funds are available in this state only if eligibility requirements are met for the public welfare categories of Aid to Dependent Children, Old Age Assistance, Aid to the Blind, or Aid to the Disabled. Neither can General Welfare provide assistance with hospitalization unless the family is already receiving a general assistance grant. Migrants are generally eligible only for short periods between harvests.

In an attempt to determine the extent of need for hospitalization for migrants, the following table has been prepared. It was not always possible to obtain all the desired information, but enough was gained to enable us to determine that there is still a great need. It will be noted that of 345 known hospitalizations, 127 of these, or 37%, were unpaid. In addition, some of the other resources did not provide payment in full.

HOSPITALIZATIONS IN ALL PROJECT COUNTIES
December 1, 1970 - November 1, 1971

Source of Financial Aid	No. Patients	M	F	Age Grouping							Total Hosp. Days	Avg. Hosp. Days
				Under 1	1-4	5-14	15-24	25-44	45-64	65+		
Migrant Project	27	11	16	4	2	4	6	6	5		125	4.6
UOMS	100	34	63	6	4	18	25	38	6		189+	NA
Welfare	52	20+	23+	2	2	7	12	24	3		202 +	NA
Workmen's Comp.	7	6	1			1		2	4		82	11.8
Veterans Adm.	5	5						2	3		70+	NA
Insurance	6	3	3				2	2	2		41	6.8
Unpaid	127	30	89	5	1	1	41	17	2		435+	NA
Other	22	9	12	1	3	1	2	6	5	1	72+	NA
Paid by pt	5	2	3	1		1	1	2			15	3.0
TOTALS	345	120	210	19	12	33	89	99	30	1	1231+	NA

NOTE: Age, Sex, and Total Hospital Days incomplete because information was not available

During the reporting period and prior to July 1, 1971 when the hospital component was deleted, 27 cases received partial payment from migrant funds. These involved 10 hospitalizations for medical conditions, 5 for injuries, 4 deliveries plus the 4 newborn babies, and 7 surgeries (which included 3 of the reported cases of injuries).

HOSPITALIZATIONS WITH PARTIAL PAYMENT BY PROJECT FUNDS

December 1, 1970 - July 1, 1971

COUNTY	No. of Pts.	M	F	Age Grouping							Total Hosp. Days	Ave. Hosp. Days	Total Hosp. Bill	Paid by Project	
				Under 1	1-4	5-14	15-24	25-44	45-64	65+				Hosp. Bill	Phys. Fee
CLACKAMAS	0														
HOOD RIVER	5	2	3	1			2	1	1		31	6.2	2495.65	1226.36	465.00
JACKSON	6	3	3	1			1	3	1		23	3.8	2068.75	1028.52	601.50
JEFFERSON	0														
KLAMATH	4	2	2	1		1	2				9	2.3	845.00	424.05	276.00
LINN	0														
MALHEUR	6	2	4			3		1	2		37	6.3	2392.95	1231.04	292.50
MARION	0														
POLK	2		2		1		1				14	7	1357.70	623.19	220.00
UMATILLA	0														
WASHINGTON	4	2	2	1	1			1	1		11	2.8	798.60	349.30	18.00
YAMHILL	0														
TOTALS	27	11	16	4	2	4	6	6	5	0	125	4.6	9958.65	4832.46	1873.00

DENTAL SERVICES

Dental care is one area of migrant health needs which is not being met. Only emergency care and a small amount of limited restorative care can be provided, due to limited available funds. Most dental care is provided on a fee-for-service basis in private dental offices. Over 1,147 individuals received some care, of which about 300 cases were completed. Over 2,179 persons needed care but did not receive such service due to lack of funds or because they left the area before care could be arranged.

In cooperation with the Dental Health Section of the Oregon State Health Division, a dental health team consisting of four dental students and a dentist supervisor provided the screening and educational program. A dental survey was conducted in the Migrant Summer Schools.

Working with the Oregon Migrant Education Service Center and local health departments, every effort was made to coordinate the time schedules for the school and camp program activities.

Every effort was made by the Dental Health Team to involve the Oregon group of the Student American Medical Association. Due to all the activities in the camps with the Dental Health Team and S.A.M.A., it is evident that more persons were screened or contacted than have been reflected in this report.

The objectives of the Migrant Dental Health Team are twofold; namely, to provide screening, and dental education. The screening portion was designed to document the dental needs of the migrant population, to establish a basis for dental care funding. A priority system for referral regarding individual need was established, to provide optimum utilization of current available funds for dental care. The dental education portion of the program emphasized toothbrushing techniques and an awareness of the importance of oral hygiene.

The screening was conducted either in the Summer School Program (on all children present) or within migrant camps on a voluntary basis. A detailed examination, with explorers and mouth mirrors, was conducted in the schools. Each tooth and tooth surface was examined and the condition noted. At the time of the examination, or during the educational program, toothbrushes were given to each child, followed by toothbrush instruction and a self-applied fluoride paste to the teeth of these children. The facilities within the camps limited the screening to only tongue-depressors.

On examination, those needing care were classified as to urgency of dental care. In comparing last year's data with the data collected during this year, it appears that there is a downward trend in the number of children found being 3's and 4's. In like manner, there appears to be an upward trend in the ratio of filled teeth to the total def and DMF teeth.

See Appendix for tables. The summation table "Migrants Receiving Dental Services," as received, does not reflect the amount of monies expended by all agencies.

At the time of inspection, a detailed record was made of all tooth surfaces affected by dental caries. A referral and billing form was designed (copy attached) which, if used properly, would show tooth and tooth surfaces and type of service rendered in relation to the fee for each patient. This billing form would later be compared with the service inspection form to determine the level of care provided per referral. After payment had been made, the form was to be returned to the Oregon Migrant Service Center, Salem, Oregon, who would then forward these forms to the Dental Health Section of the Oregon State Health Division. The purpose would be to ascertain the referral of care being provided in comparison to the dental inspection that was conducted in the schools.

Due to lack of transmitting this form to the Dental Health Section, a comparative analysis is not available for this report. From the data that is available from one school, about 37 percent of those referred were seen by dentists. The average cost of dental service provided was $47; this was 28 percent of the amount of monies that should have been spent.

Code: <u>Urgency of Dental Care</u>

0 - No care needed.

1 - Early caries, pits, fissures, by probing.

2 - Moderate caries, visible even without probe.

3 - Group caries, but with no apical infection or history of pain.

4 - Teeth decayed to the gum line, apical abscess, or any other condition requiring immediate dental care.

MIGRANTS RECEIVING DENTAL SERVICES

Item	Under 15	15 & Older	Total
A. Screening or examination (individuals)			
(1) Schools and Day Care Centers	1545		1545
(2) Camps, clinics, dental offices	1074	707	1781
Total			3326
B. Of individuals screened, how many:			
(1) Needed care	999	397	1396
(2) Cases were completed	221	73	294
(3) Cases were partially completed	339	249	588
(4) Cases were not started	421	95	516
(5) Children received care paid by other sources (Specify)			
Migrant & Indian Coalition	56	1	57
Migrant Education	199		199
Polk County	2		2
Valley Migrant League	6		6
Seventh-Day Adventists	1		1
C. Services provided			
(1) Preventive			
(a) Fluoride application with oral hygiene instruction	1128	129	1257
(b) Scaling	7	31	38
(2) Restorative (Number of teeth)			
(a) Fillings	733	184	917
(b) Extractions	147	238	385
(c) Other — Root Canal	22	15	37
Bone impaction removal		1	1
Minor bite correction		1	1
Incision and Drainage		3	3
Spacer	1		1
Oral exam and/or X-ray only	32	17	49
Unspecified		6	6

TABLE 1

DENTAL HEALTH SECTION
SCREENING CLASSIFICATION
1395 Children of Migrant Families, Ages 2 - 14 -- 1971

Age	No. Children	DMF/def Total	DMF/def Average	# of 0's	% of 0's	# of 1's and 2's	% of 1's and 2's	# of 3's and 4's	% of 3's and 4's
2	26	24	.923	16	61.54%	9	34.62%	1	3.85%
3	76	183	2.41	34	44.74	37	48.68	5	6.58
4	205	619	3.02	87	42.44	94	45.85	24	11.71
5	228	1105	4.85	77	33.77	105	46.05	46	20.18
6	230	1151	5.00	64	27.83	112	48.70	54	23.48
7	222	1362	6.14	64	28.83	110	49.55	48	21.62
8	137	914	6.67	20	14.60	78	56.93	39	28.47
9	139	863	6.21	25	17.99	87	62.59	27	19.42
10	78	464	5.95	22	28.21	47	60.26	9	11.54
11	36	166	4.61	10	27.78	23	63.89	3	8.33
12	12	41	3.42	5	41.67	6	50.00	1	8.33
13	5	20	4.00	3	60.00	1	20.00	1	20.00
14	1	3	3.00	0	0	1	100.00	0	0
Total	1395	6915	4.96	427	30.61	710	50.90	258	18.49

TABLE 2

DENTAL HEALTH SECTION
SCREENING CLASSIFICATION
Migrant Camps -- 1971

Age	Number	DMF/def Total	DMF/def Average	# of 0's	% of 0's	# of 1's and 2's	% of 1's and 2's	# of 3's and 4's	% of 3's and 4's
1-9	399	1655	4.15	135	33.83%	183	45.86%	81	20.30%
10-19	397	1611	4.06	140	35.26	167	42.07	90	22.67
20-29	69	443	6.42	19	27.54	23	33.33	27	39.13
30-39	48	349	7.27	5	10.42	20	41.67	23	47.92
40-49	32	248	7.75	3	9.38	9	28.13	20	62.50
50+	21	226	10.76	5	23.81	7	33.33	9	42.86
Total	966	4532	4.69	307	31.78	409	42.34	250	25.88

NURSING SERVICES

In providing health services to migrant families, a health-team approach is used with the project nurse playing a vital role in this approach. Assisted by indigenous aides, she screens the families for all health problems and makes referrals for care to appropriate resources. Other activities include coordination and implementation of clinic activities; interpreting and helping families in the utilization of other local resources; assisting, upon request, with other health department programs involving migrants; acting as a liaison between migrants and physicians, dentists, hospitals, and pharmacies; supervising community aides; assisting in coordination of local groups and agencies in activities relating to migrants; participating in health counseling and teaching; and keeping appropriate records to provide data for reporting and program planning.

During the past year migrant nurses and aides screened 18,114 individuals. When screening migrant families, a family record is filled out. It is made in triplicate and serves several purposes. A copy is given to the family. It includes pertinent medical information and a record of services given or of further needs, and our aim is to provide a measure of continuity of care as the family moves about. Other copies provide statistical data for reporting and service planning, a work record for the health team in follow-up care, verification of migrant status in payment of bills, basis for family services for "home-based" migrants, and data for the master migrant file. Following are tables indicating the ethnic, sex, and age composition of individuals screened.

FAMILY DATA
By Oregon Project Counties, 1971

COUNTY	Number of Families Screened	Families in Oregon First Time	Mexican-American	Anglo	Indian	Negro
CLACKAMAS	155	35	38	76	28	13
HOOD RIVER	362	190	96	253	10	3
JACKSON	269	133	242	25	1	1
JEFFERSON	66	13	53	6	3	4
KLAMATH	60	23	5	6	3	-
LINN	265	113	199	56	2	12
MALHEUR	366*	38	364	1	*	1
MARION	718	198	411	300	5	2
POLK	182	76	95	80	3	4
UMATILLA	74	29	19	54	-	1
WASHINGTON	589	364	309	277	3	-
YAMHILL	434	329	287	147	-	-
TOTAL	3540	1531	2118	1327	58	41
PERCENTAGE	--	43.2	59.8	37.5	1.6	1.2

* Does not include 257 single Navajo men

NUMBER OF MIGRANTS SCREENED FOR HEALTH PURPOSES, BY AGE AND SEX, IN OREGON PROJECT COUNTIES, 1971

OUT-MIGRANTS

COUNTY	Under 1 yr.		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65 +		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
CLACKAMAS	-	1	-	-	-	-	-	-	1	2	-	-	-	-	1	3
HOOD RIVER	2	1	7	4	14	11	10	9	8	7	10	7	-	-	51	39
JACKSON	-	-	-	1	-	1	-	-	-	1	1	-	-	-	1	3
JEFFERSON	-	-	1	-	4	4	6	6	1	1	2	2	1	-	15	13
KLAMATH		No	age	or	sex	break	down	recorded							(5	28) *
LINN	1	2	2	3	6	6	7	10	2	5	6	2	-	1	24	29
MALHEUR	5	4	15	25	53	63	-	-	63	62	16	10	1	-	153	164
MARION	4	6	19	18	48	56	28	37	28	30	12	8	1	2	140	157
POLK	-	2	2	16	14	10	7	2	7	10	4	2	-	1	34	43
UMATILLA		Data not		available												
WASHINGTON	-	1	4	1	42	49	15	14	16	14	5	4	-	-	82	83
YAMHILL		No	age	or	sex	break	down	recorded							526	703
TOTAL															1027	1237

IN-MIGRANTS

COUNTY	Under 1 yr.		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65 +		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
CLACKAMAS	3	9	24	40	131	128	90	103	77	74	37	30	3	9	375	393
HOOD RIVER	18	19	83	85	146	118	139	124	162	133	77	58	3	2	628	539
JACKSON	9	12	26	15	21	29	118	43	136	25	56	9	5	1	371	134
JEFFERSON	4	2	18	17	44	47	33	26	60	41	16	5	-	-	175	138
KLAMATH	9	3	23	13	40	18	64	29	51	36	33	17	4	4	224	136
LINN	19	26	69	83	280	209	114	113	63	42	6	2	-	-	551	475
MALHEUR	25	20	109	94	304	252			641	365	104	76	11	6	1194	813
MARION	65	48	174	169	646	595	441	461	327	353	150	92	17	6	1820	1724
POLK	6	12	53	53	163	142	74	88	96	89	44	29	3	3	439	416
UMATILLA	5	4	23	21	71	43	64	64	15	15	11	6	1	-	190	153
WASHINGTON	19	7	119	133	438	293	393	297	222	207	122	70	12	7	1325	1014
YAMHILL	49	45	119	126	447	381	86	77	329	305	92	23	8	8	1130	965
SUB-TOTAL															8422	6900

	OUT-MIGRANTS	1027 1237
TOTAL		9449 8137
		528
GRAND TOTAL		18,114

*KLAMATH COUNTY has no age or sex breakdown recorded for Out-Migrants

Outreach activities by project nurses and aides not only assist the families in getting to resources for services but also provide a follow-up on prescribed care. Some medical problems such as minor skin infections, impetigo, and pediculosis can be treated by the nurses working under standing orders of the local health officers. On special orders from the patient's physician, some home nursing services are given.

Often resources are available in communities to help migrants not only in meeting health needs but for other needs such as clothing, food, etc. But if these are not utilized by the migrants, they are of no value to them.

Following is a table showing totals of outreach services provided in the project counties by nurses and aides.

OUTREACH SERVICES

Visits to Households	13,063
Number of Households Served	4,345
Total Individuals Served in Households	14,084
Visits to Schools, Day-Care Centers	767
Total Individuals Served in Schools and Day-Care Centers	3,389
Individuals Referred for Medical or Dental Services	4,081
Follow-up Services for Migrants Not Originally Referred by Project, Who Were Treated in Physicians Offices	161
Individuals Provided Pre-discharge and/or Post-hospital Services	271
Number of Migrant Families Asked to Present Health Record (in field or clinic)	2,170
(1) Families presenting health record (s)	190
(2) Families presenting Oregon Family Record	42
(3) Families given Family or other health record	2,766

Health education is an important aspect of the migrant health program. Working directly with the migrant families in their homes enables the nurse or aide to establish a good working rapport with them and offers a good opportunity for health counseling and teaching. While most health education is done on an individual basis, some group educational sessions have been conducted. Specific information regarding health education is included later in this report.

Recognizing the importance of providing continuity of care, the State office has promoted the use of inter-agency referrals and serves as the clearing-house for referrals from other agencies, as well as from project counties. The goal has been to provide continuity within our own project areas, as well as with other states.

The following table indicates the number of interstate referrals sent through this office. The total number sent has declined this year, partially through our attempt to be more selective in sending referrals

either for major medical problems or those which necessitated transmission of medical information. In some instances statistics show more responses than referrals made, due to the fact that responses do not always arrive during the same reporting period.

OREGON INTERSTATE REFERRALS
December 1, 1970 - December 1, 1971

	Referrals to Other States			Referrals from Other States		
	Referred To	Responses From*	Completed	Referred From	Responses To	Completed
ALASKA	2					
ARIZONA	10	12	8	1	1	1
CALIFORNIA	23	15	11	1		
IDAHO	2	2	2	1		
ILLINOIS	1	1	1			
MISSOURI	1	1				
NEW MEXICO	1	2	2			
OKIAHOMA	2	3	2			
TEXAS	45	50*	35	12	8	7
VIRGINIA	1					
WASHINGTON	19	17	11	7	4	4
WYOMING	1	1				
	108	104	72	22	13	12

* Includes responses received during this period, even though referral was sent in previous report year.

While it has been encouraged that intrastate referrals be sent through the State office, in many cases communications between county project areas have been by telephone or other direct contact, especially in adjacent counties. While unable to give an accurate number of such communications, four adjoining counties in the Willamette Valley reported 187 contacts with other health departments. Undoubtedly, a good proportion of these involved exchange of patient information and plans for continuity of care. Records in the State office show that 33 intrastate referrals went through this office.

Data concerning both interstate and intrastate referrals is shown in the accompanying table. Forty-two, or about 30%, of the referrals involved infectious diseases. Of these, 29 referrals related to tuberculosis and in most instances were sent for family groups. Other referrals involved a variety of medical conditions, serving various purposes. For example, sometimes it was necessary to seek medical information concerning patients needing care while in Oregon. In other instances, referrals were initiated because laboratory reports showed significant findings which needed follow-up, but the family had already left the area.

The referral system has proven valuable and in some instances has had some far-reaching effects in promoting health and well-being.

INTERSTATE AND INTRASTATE REFERRALS

December 1, 1970 - December 1, 1971

DISEASE CONDITIONS REFERRED - AS CLASSIFIED BY CATEGORIES (ICD)

I. INFECTIVE AND PARASITIC DISEASE 42
- Shigellosis - 4
- Tuberculosis and contacts - 29
- Hepatitis - 2
- Venereal disease - 7

II. NEOPLASMS 6
- Malignant neoplasms - 5
- Benign neoplasms - 1

III. ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES 16
- Diseases of thyroid - 2
- Diabetes Mellitus - 12
- Phenylketonuria - 1
- Cystic fibrosis - 1

IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS 0

V. MENTAL DISORDERS 2
- Hyperactivity - 1
- Mental retardation - 1

VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS 12
- Cerebral palsy - 1
- Epilepsy - 5
- Diseases and/or conditions of the eye - 2
- Diseases and/or conditions of the ear - 4

VII. DISEASES OF THE CIRCULATORY SYSTEM 2
- Hypertension - 1
- Heart disease - 1

VIII. DISEASES OF THE RESPIRATORY SYSTEM 2
- Pneumonia - 1
- Asthma - 1

IX. DISEASES OF THE DIGESTIVE SYSTEM 8
- Dental - 5
- Hernia - 1
- Gall bladder disease - 2

X. DISEASES OF THE GENITOURINARY SYSTEM 5
- Diseases of urinary system - 3
- Disease of female genital organs - 2

XI. COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM 0

XII. DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE 2

XIII. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE 7
- Arthritis - 2
- Disease of bone and joint - 3
- Scoliosis - 1
- Disease of muscle - 1

XIV. CONGENITAL ANOMALIES 5

XV. CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY 0

XVI. SYMPTOMS AND ILL-DEFINED CONDITIONS 6

XVII. ACCIDENTS, POISONINGS, AND VIOLENCE 4

SUPPLEMENTARY 29
- Prenatal care - 7
- Postnatal care - 1
- Family planning - 10
- Special tests (Pap & PKU) - 6
- Surgical followup - 2
- Other - 5

Total referrals from all project counties 148
(Total individuals referred - 189)

HEALTH EDUCATION

The major focus of health education efforts has been to achieve "consumer involvement" in the migrant health projects so that migrants could have the opportunity to make their own decisions regarding their own health problems. A major impact on these efforts was made by the proposed Federal regulations for migrant health projects. The regulations in part require "consumer control" of health services set up to meet the consumers' needs. Health education efforts were directed toward and through twelve local migrant health projects. These projects are now in the process of being terminated or modified due to the implementation of Federal regulations.

It seems appropriate at this time to present only a summary of these efforts and results accomplished in order to devote primary attention to the development of consumer-based health plans to meet the migrant health needs.

For detailed information regarding individual health counseling and establishment of local migrant health committees, please refer to the twelve reports from each county project.

Individual counseling was the primary method used by project nurses and community health aides. It is this method which was perhaps the most productive in helping the migrants achieve health by their own actions and efforts. The greatest barrier in utilizing this method effectively was having a large number of migrants to service in short periods of time. Under these pressures, public health workers tend to focus on solving the migrants' specific health problem first and secondly on achieving the understanding, cooperation, and action of the migrant. Two short training sessions were provided the project staff for the job of involving the migrants. One of the pre-season sessions focused on priority health needs of migrants and health education methods to meet these needs. A post-season training session dealt with "The Public Health Worker As A Change Agent." In this session it was again evident that "shortage of time" prohibits most public health workers from their use of "known" effective methods of working with people.

Group efforts were of two types: 1) group counseling and 2) working with advisory committees. Establishment of advisory committees demanded the most of local project attention as attempts were being made to meet the pending Federal requirement of consumer dominated advisory boards for local projects. Eight of the 12 local projects were involved in either organizing or maintaining advisory boards. Of these eight boards: one became self-sufficient and established a workable relationship with the local health department; two local committees met frequently and are still in the organizational process; two others met infrequently. The efforts of two additional counties to organize advisory boards met with failure. Another local advisory group was organized by a member of the new State Advisory Committee. This local group is in the process of "getting on its feet" and trying to develop a cooperative relationship with the local health department. The State project was able to officially organize an advisory committee after four years of planning. The organizational plan, membership composition, and minutes of meetings (in the Appendix) reveal the essentials of the State committee.

Betwen September and December, the committee met four times and went from a state of complete interest and enthusiasm to a state of uncertainty. The primary factors in this committee's change of attitude are felt to be the result of: 1) A USPHS representative telling the committee that their only purpose was to "protect the State project" because advisory committees were now required to maintain project funding; and 2) a complete change in the structure of migrant health projects in Oregon, leaving the committee with no official purpose. The need for a State committee is great as there is no other consumer dominated state group to focus on migrant health needs.

Therefore, attempts are being made to incorporate the advisory group as a "sub-committee" of the State Comprehensive Planning Authority for the specific purpose of reviewing and commenting on all health proposals affecting migrants.

The number of community health aides recruited from the migrant stream or settled-out migrant group increased this season. Nineteen community health aides were employed in ten local projects; four were full-time; thirteen were from either the migrant stream or the settled-out migrant group. The aides were provided brief pre-season orientation to their general job responsibilities, project objective, and priorities. Specific training was provided on the job. Five of the part-time aides were "returnees" and thus could utilize to advantage their previous experience with the project efforts. The development of career opportunities with job training for the aides held great potential by working cooperatively with the Oregon Regional Medical Program (ORMP) which was seeking ways to broaden their scope of activities. The ORMP wanted to explore possibilities in the area of aide training and utilization. Further progress in this venture has been delayed. Career opportunities generally do not yet exist, and most job advancement of aides is accomplished on a piecemeal basis. There remains a great need to develop mechanisms which would provide career opportunities.

State project services to local project staff were basically consultation, field training sessions, and training workshops for the purpose of:

a. Program planning and implementation;

b. Obtaining uniformity among the local projects where needed;

c. Focusing on priorities; and

d. Utilizing known effective methods of working with migrants.

Program planning required on-going attention since the series of unofficial Federal policies, guidelines, and proposed Federal regulations kept the local migrant health projects in a state of confusion and flux. At one point the local projects were gearing up to meet the policies and guidelines, only to find out that the regulations when implemented would mean that four of the projects would be terminated; three modified and then terminated in one year; and five would be incorporated in two new consumer-based projects. As we near the finale, planning continues in an effort to at least meet the emergency health needs of all migrants in Oregon and to develop comprehensive services in those areas with high migrant needs.

ENVIRONMENTAL HEALTH

This year inspectional, consultation, and enforcement measures were used to bring the living conditions in farm labor camps into compliance with the State sanitation laws and regulations. We were aware of the pending Federal guidelines and regulations governing migrant health project services, whereby only new and innovative environmental programs were to be supported. Much of this year's activities involved devising a means of maintaining minimal farm labor camp inspections and establishing an enforcement program that will replace the sanitation services provided by the Migrant Health Project. By 1973, farm labor camp standards and enforcement procedures will be assured by the implementation of the U.S. Department of Labor's Occupational Safety and Health Act (OSHA).

Industrial hygiene engineers of the State Health Division's Occupational Health Section have been delegated the responsibility of maintaining surveillance of farm labor camps and liaison with the local health departments within their assigned districts. This will provide full application and enforcement of the State laws and regulations and coincide with the State's plan to implement the OSHA program and standards.

Each farm labor camp within the State has been assigned an individual identification number. The first two digits of this number identifies the county in which the camp is located, the following four digits designate the number of the individual camp, and the last four digits are the standard industrial classification designating farm labor camps.

Changes have also taken place with regard to the surveillance of farm labor camp water systems. A procedure has been devised whereby all of the necessary information has been included on pre-printed and pre-addressed water analysis cards - using the ten digit camp identification number. After a water sample has been analyzed, the pertinent information is key-punched and processed for data retrieval. Read-outs are obtained that enable the State or county health departments to monitor their water program and determine potability, effectiveness of water treatment, as well as provide a record of overall progress in the area of water supplies.

Over the past years, surveys have been conducted of farm labor camps within the local health department jurisdictions to determine their compliance with Oregon laws and regulations. The principal purposes of conducting these surveys have been to: (a) maintain a surveillance of the local health department's enforcement program; (b) determine specific problem areas; establish priorities; recommend solutions; and (c) obtain specific information for future program planning and legislative purposes.

During 1971, approximately 50% of the counties having farm labor camps within their jurisdictions were surveyed. Approximately 50% of the total number of farm labor camps operated within the State are located within the surveyed counties. Next year, the remaining counties will be surveyed. The following table contains a summary of the results of the survey and projects the farm labor camp conditions as they were last season.

SUMMARY OF FARM LABOR CAMP SURVEY 1971

Counties Surveyed: Clackamas, Jefferson, Linn, Malheur, Marion, Umatilla Wasco, Washington

Total Number of Camps: 337

Total Number of Camps Surveyed: 170

Average Compliance Percentage: 77.5

Compliance Percentile	Projected Number of Camps	Percent of Camps Surveyed
100 - 90	83	24.7
80 - 90	93	27.6
70 - 79	109	32.3
60 - 69	24	7.0
50 - 59	22	6.4
40 - 49	6	1.8

Projected Number of Camps	% of Total Camps Surveyed	Selected Categories
54	15.9	Unapproved Water Supplies
10	2.9	No Convenient Outlets
119	35.3	Improper Sewage and Liquid Waste Disposal
8	2.4	Inadequate Toilets (ratio)
217	64.1	Improper Toilet Construction
175	51.8	Improper Toilet Maintenance
30	8.8	Without Adequate Hot and Cold Water
32	9.4	No Bathing Facilities
155	45.9	Improper Bathing Facilities Maintenance
107	31.8	No Handwashing Facilities
42	12.4	Improper Handwashing Facilities Maintenance
121	35.9	Camp Area Not Maintained Clean and Free from Hazards
14	4.1	Improper Storage of Toxic Materials
233	68.8	Improper Garbage Storage
111	32.9	Improper Garbage Collection
135	40.0	Improper or Inadequate Housing Construction and/or Maintenance

The last Oregon legislative session passed Senate Bill 492 which amended Oregon laws regarding farm labor camps. The amendments essentially modify the toilet facilities and require: (1) the provision of field drinking water and hand cleaning facilities, (2) the provision of fire extinguishing and first aid facilities, (3) a pre-occupancy camp inspection and a thirty-day notice before camp operation, and (4) water under pressure, space requirements and refrigeration facilities in farm labor housing constructed after May 31, 1971.

The Oregon Administrative Rules and Regulations pursuant to these amendments are presently in first draft form, and should be adopted by the Oregon State Health Division by February 1972. These laws and proposed administrative rules have been distributed to all county health departments for their information and comments. The enforcement of the provisions in the new law and administrative rules should improve the living and working environment of the Oregon farm worker.

SURVEY OF FARM LABOR HOUSING ACCOMMODATIONS IN OREGON 1971

COUNTY	NUMBER OF CAMPS												NUMBER OF PEOPLE				NUMBER OF UNITS					
	Number of Persons												Maximum Capacity		Peak Occupancy		Family		Single		Total	
	< 10		10 - 25		26 - 50		51 - 100		> 100		Total											
	Camp	Other	Camp	Other	Camp	Other	Camp	Other	Camp	Other	Camp	Other	Camp	Other	Camp	Other	Camp	Other	Camp	Other	Camp	Other
CLACKAMAS	2	-	9	-	18	-	2	-	-	-	31	-	720	-	550	-	187	-	2	-	189	-
HOOD RIVER	145	-	145	-	28	2	5	-	4	-	328	2	5150	-	5100	-	2576	-	-	-	2576	-
JACKSON	14	-	18	-	2	-	1	-	1	-	36	-	800	-	700	-	35	-	123	-	158	-
JEFFERSON*	0	10	0	4	0	1	2	1	0	0	2	16	398	-	125	225	31	23	7	5	38	28
KLAMATH	SCATTERED HOUSING								1	-	1	-		-	300	300	65	-	10	-	75	-
LINN	0	-	0	-	0	-	5	-	4	-	11	-	855	-	707	-	240	-	-	-	240	-
MALHEUR	17	130	5	-	0	-	0	-	5	-	27	130	918	910	1600	1300	234	130	6	0	240	130
MARION	2	-	22	-	29	-	23	-	10	-	86	-	6000	-	6000	-	720	-	275	-	995	-
POLK	0	-	12	-	12	-	5	-	2	-	31	-	1524	-	1402	-	381	-	0	-	381	-
UMATILLA	-	-	5	-	1	-	1	-	1	-	7	-	720	-	720	-	156	-	-	-	156	-
WASHINGTON	1	-	5	-	11	-	5	-	8	-	30	-	2394	-	2394	-	466	-	-	-	466	-
YAMHILL	-	-	4	-	7	1	5	1	4	-	20	2	1920	95	1960	105	296	6	-	-	296	6
TOTAL	181	140	226	4	109	4	51	2	40	0	610	150	21159	1005	21658	1931	5387	159	423	5	5770	164

*Sanitation Service not funded but data was submitted.

Accomplishments of this past season are reflected in the following table.

ACCOMPLISHMENTS

	Conditions	Number of Camps
1.	Met standards prior to occupancy	477
2.	Failed to meet standards prior to occupancy	307
	Of the above 307:	
	a) Brought into compliance prior to or immediately subsequent to occupancy	65
	b) Either not permitted to open or closed immediately upon opening	21
	c) Voluntarily remained closed because of inability to meet standards	80
	d) Permitted to operate although sub-standard	141
3.	Ordered to close during season because of failure to maintain standards	30
4.	Not inspected this year (conditions unknown)	89

Also included is a summary table of the activities and accomplishments of the local projects. These are, for the most part, self-explanatory and are generally covered in the individual county reports.

Part 1	LIVING ENVIRONMENT			
	Number of LOCATIONS* Inspected		NUMBER of Inspections	
COUNTY	CAMPS	OTHER	CAMPS	OTHER
Clackamas	42	-	132	-
Hood River	310	2**	392	3**
Jackson	36	-	220	-
Jefferson***	2	1	4	2
Klamath	1	-	3	-
Linn	11	3	57	3
Malheur	27	2	70	5
Marion	127	-	438	-
Polk	33	0	184	0
Umatilla	7	2	21	4
Washington	30	-	465	-
Yamhill	22	-	31	-
TOTALS:	713	10	2017	17

*Locations in camps or other locations where migrants work or are housed
**Food Service
***Sanitation Services not funded but data was submitted

Part 3	WORK PLACE									
			Number of Defects Found				Number of Corrections Found			
County	Number of Locations Inspected	Number of Inspections	Water Source	Water Supply	Toilet Facilities	Other	Water Source	Water Supply	Toilet Facilities	Other
Linn	46	46	-	3	15	-	-	3	4	-
Malheur	4	4	-	-	4	-	-	-	3	-
Polk	10	13	-	-	-	-	-	-	-	-
Umatilla	2	3	-	-	-	-	-	-	-	-
Washington	148	657	4	67	164	24	3	58	126	17
Yamhill	53	88	4	19	21	1	2	11	9	1
TOTALS	263	811	8	89	204	25	5	69	142	18

Part 2

NUMBER OF DEFECTS FOUND AND CORRECTIONS MADE

COUNTIES	Water Source		Water Supply		Sewage Disposal		Toilet Facilities		Bathing Facilities		Lavatory & Laundry		Camp Area Maintenance		Insects & Rodents		Garbage & Refuse		Housing	
	D*	C*	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C
CLACKAMAS Camp	2	-	4	-	4	1	12	3	11	1	10	2	14	3	1	-	10	5	23	5
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HOOD RIVER Camp	1	1	1	1	2	1	87	41	64	40	17	-	46	31	-	-	104	37	123	96
Other	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
JACKSON Camp	10	5	0	-	6	4	1	0	1	0	1	1	14	14	0	-	5	5	7	6
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
JEFFERSON Camp	-	-	-	-	-	-	1	1	2	1	2	-	2	1	1	-	3	2	3	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
KLAMATH Camp	0	-	0	-	0	-	6	0	4	0	0	-	0	-	All Tents	-	0	-	All Tents	-
Other	-	-	-	-	-	-	-	0	-	0	-	-	-	-	-	-	-	-	-	-
LINN Camp	3	3	1	0	9	1	14	3	6	1	6	0	13	7	2	0	7	2	0	0
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MALHEUR Camp	7	4	3	2	10	2	10	3	7	3	2	0	4	1	0	0	4	1	4	1
Other	1	1	1	1	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
MARION Camp	0	0	23	9	79	66	311	149	92	74	33	19	218	186	21	17	227	166	52	39
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
POLK Camp	3	2	1	0	1	0	29	24	6	5	2	2	13	9	9	6	5	3	7	6
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UMATILLA Camp	1	-	-	-	-	-	-	-	-	-	1	-	2	2	-	-	5	5	1	-
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-
WASHINGTON Camp	1	1	29	22	4	4	119	82	25	21	65	43	90	84	4	4	64	53	95	88
Other	4	3	67	38	-	-	164	126	-	-	-	-	-	-	2	1	22	16	-	-
YAMHILL Camp	1	-	2	-	1	1	12	5	5	3	6	2	4	1	2	1	6	3	11	5
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL Camp	29	16	64	34	116	80	602	311	223	149	145	69	420	339	40	28	440	283	329	240
Other	5	4	69	59	0	0	165	127	0	0	0	0	0	0	2	1	23	16	0	0
GRAND TOTAL	34	20	133	93	116	80	767	438	223	149	145	69	420	339	42	29	463	299	329	240

* D = DEFECTS C = CORRECTIONS

COORDINATION OF SERVICES

Both the state and local project staffs have always worked closely with other groups and agencies to coordinate efforts for services to the migrant families. This year, there were more area or state-wide groups with whom the staffs were involved and which need special mention.

One of these groups was the Migrant and Indian Coalition for Coordinated Child Care, Inc.(MIC). The MIC is a state-wide organization of day care centers caring for mostly migrant and Indian children. A small ($35,000) Health Start grant was made to them to provide limited services to children ages 0-6 in the day care centers. The focus of these services is mainly one of screening and early diagnosis of conditions needing correction or treatment and in providing complete dental care. They are Federally funded from the "Migrant and Indian desk" in Washington, D.C. The State Migrant Health Project Supervising Nurse serves on their Board as a representative of a state agency concerned with migrants. The nurse also helps to coordinate the MIC Health Start Program. In all areas where there were day care centers and a migrant project, the local project nurse provided her services to the center on a regular basis.

The Student American Medical Association (SAMA) had a migrant health project, the summer phase of which was conducted in five Willamette Valley counties. Twenty students (medical, dental, nursing, and pharmacy) from various areas in the United States participated in this project. They had a twofold project purpose. One was educational for the student, the other to provide services to the migrants. Efforts were made to provide coordination of their project with five local health departments.

Another summer student project involved medical and nursing students from the University of Oregon Medical School. Six students participated as an Outreach team, working with the Stayton Migrant Clinic (Marion County). Their purpose was to work with the migrant families within the service area of this clinic to help with referral for needed services and follow-up on those receiving services.

One national COSTEP student (Commissioned Officer Student Training Education Program) was requested for Oregon for the summer period. This (nursing) student was assigned to one county area to work as a member of the project "team" in providing health services to migrants in that geographical area. This student has completed her third year in a college degree nursing program. Based on her performance, it is anticipated that further COSTEP nursing students at this educational level would be able to function effectively with a minimum of supervision after a good orientation.

The Pacific University College of Optometry conducted an optometric clinic in conjunction with the Stayton Migrant Clinic. In addition to vision screening and examination, glasses were provided for those needing this service. Preliminary planning was done on the state level with definitive planning in conjunction with the local county project. The University staff plans to expand their role in community services in the coming year.

Since each of the project areas tend to have different agencies or groups with varying kinds and degrees of involvement with migrants, much of the coordination of efforts must, of necessity, take place on the local level. No attempt is made in this report to summarize the kinds of groups the local staffs work with. Detailed information may be obtained by referring to the individual county reports.

APPENDIX

STAYTON MIGRANT OUTREACH PROGRAM

STATISTICS for Summer, 1971

I. Stayton Clinic

No. of cases found and referred to Stayton Clinic	167
Referrals completed	118
No. of clinic patients who were personally reminded of clinic appointments	29
No. of these pts. that completed their appts.	27
Follow-up of clinic patients--includes advice on medications, checking on health status, etc.	
Successful	45
Unsuccessful (could not locate)	13

II. Dental

No. of dental visits referred, reminded, or arranged with Marion County Health Department dentist	110
No. of completed appts.	81
No. of patients referred to Marion County Health Dept. dentist	65
No. of pts. that had dental work	43
No. of patients referred to private dentists	20
No. of pts. that completed these appts.	13

III. Private Doctors

No. of people referred to private MDs	18
No. completing appts.	13

IV. Optometry

No. of people referred to optometrist at Stayton Clinic	26
No. completing appts.	23

V. Marion County Health Department

Follow-up of pts. from hospitals, private MDs

Successful	9
Unsuccessful	11

VI. Group Health Education

Total sessions	52	Total attendance	1436

Sessions at Stayton Migrant Health Clinic 34

Attendance by subject

1.	Camp sanitation	66
2.	Safety (fire, water)	67
3.	Poison dangers	31
4.	Food prep./storage	94
5.	Artificial respiration	24
6.	Nutrition	129
7.	Dental hygiene	172
8.	Personal hygiene	112
9.	Drug abuse and smoking	78
10.	Accident prevention	180
11.	Prenatal care	24
12.	Family planning	14
13.	Immunizations	11
		952

Special classes at clinic facility on pre-natal care -- 3 sessions with 6 migrants involved

Camp sessions 18

Attendance by subject

1.	Safe water	15
2.	Food preparation	40
3.	Camp sanitation	173
4.	Bleeding - 1st-Aid	41
5.	Emergency childbirth	18
6.	Nutrition	108
7.	Personal hygiene	105
8.	Dental hygiene	60
9.	Safety	30
10.	Artificial respiration	26
11.	Sex education and Phys. fitness	16
12.	Menstruation	12
		484

VII. Relation to Jefferson Day Care Center (Ages 3-6)

1. Lice screening of individuals		74
2. Vision screening		32
3. Consultation on injuries, etc.		7
4. Well-child physical exams for Jefferson students with pediatrician (Dr. Chris Williams)		
at Jefferson	19	
at Stayton Clinic	1	
in Camps	7	
		27

VIII. Relation to North Santiam School (Ages 5-10)

1. Lice screening	39
2. Vision	46
3. Dental education	52
4. Highway Safety Education	41

IX. Other Activities

1. Assisted State Board of Health Dental students screening	223
2. Completed physical exams on children in camps with Dr. Chris Williams	45

An immunization program in the same camps at the same time, organized by Marion County PHNs, resulted in 79 immunizations

3. Discussions with farmers in the area regarding camp situation, clinic, etc.	13

X. Camp Statistics

1. Camp visits	393

2. Families visited for health purposes

One visit		146
Two visits		70
Three visits		20
Four visits		14
Five visits		17
Total visits	487	

TABLE 4

BUDGETED DENTAL FUNDS IN MIGRANT HEALTH

July 1, 1971 - June 30, 1972

CLACKAMAS COUNTY	$ 800
HOOD RIVER COUNTY	800
JACKSON COUNTY	1000
JEFFERSON COUNTY	400
KLAMATH COUNTY	600
LINN COUNTY	1000
MALHEUR COUNTY	2000
MARION COUNTY	4000
POLK COUNTY	1500
UMATILLA COUNTY	750
YAMHILL COUNTY	3000
WASHINGTON COUNTY	2000

38

TABLE 5

DENTAL HEALTH SECTION
Dental Caries Experience - Total Number of Affected
Permanent and Primary Teeth as Observed in Children of Migrant Families
Ages 2 - 14 -- 1971

		Permanent Teeth				Primary Teeth			
Age	No. Children	"D" Teeth	"M" Teeth	"F" Teeth	Total DMF Teeth	"d" Teeth	"e" Teeth	"f" Teeth	Total def Teeth
2	26	-	-	-	-	23	1	0	24
3	76	1	0	0	1	154	10	18	182
4	205	-	-	-	-	551	23	45	619
5	228	14	0	1	15	823	49	218	1090
6	230	94	0	11	105	747	64	235	1046
7	222	158	0	85	243	601	126	392	1119
8	137	184	4	63	251	377	62	224	663
9	139	208	3	132	343	225	20	275	520
10	78	110	3	99	212	90	10	152	252
11	36	59	2	44	105	23	4	34	61
12	12	18	0	23	41	-	-	-	-
13	5	8	0	12	20	-	-	-	-
14	1	3	0	0	3	-	-	-	-
Total	1395	857	12	470	1339	3614	369	1593	5576

TABLE 6

DENTAL HEALTH SECTION
Dental Caries Experience (Rate Per Child) in Permanent and Primary Teeth of 1395 Children of Migrant Families, Ages 2 - 14 -- 1971

		Permanent Teeth					Primary Teeth				
Age	No. Children	"D" Teeth	"M" Teeth	"F" Teeth	Total DMF Teeth	F/DMF %	"d" Teeth	"e" Teeth	"f" Teeth	Total def Teeth	f/def %
2	26	-	-	-	-	-	.885	.038	0	.923	0%
3	76	.013	0	0	.013	0%	2.03	.132	.237	2.39	9.89
4	205	-	-	-	-	-	2.69	.112	.220	3.02	7.27
5	228	.061	0	.004	.066	6.67	3.61	.215	.956	4.78	20.00
6	230	.409	0	.048	.457	10.48	3.25	.278	1.02	4.55	22.47
7	222	.712	0	.383	1.09	34.98	2.71	.568	1.77	5.04	35.03
8	137	1.34	.029	.460	1.83	25.10	2.75	.453	1.64	4.84	33.79
9	139	1.50	.022	.950	2.47	8.48	1.62	.144	1.98	3.74	52.88
10	78	1.41	.038	1.27	2.72	46.70	1.15	.128	1.95	3.23	60.32
11	36	1.64	.056	1.22	2.92	41.90	.639	.111	.944	1.69	55.74
12	12	1.50	0	1.92	3.42	56.10	-	-	-	-	-
13	5	1.60	0	2.40	4.00	60.00	-	-	-	-	-
14	1	3.00	0	0	3.00	0	-	-	-	-	-
Total	1395					35.10					28.57

DH 12/71

TABLE 7

DENTAL HEALTH SECTION
Dental Caries Experience - Total Number of Affected Tooth Surfaces of Permanent and Primary Teeth
of 1395 Children of Migrant Families, Ages 2 - 14 -- 1971

		Permanent Teeth				Primary Teeth			
Age	No. Children	"D" Surfaces	"M" Surfaces	"F" Surfaces	Total DMF Surfaces	"d" Surfaces	"e" Surfaces	"f" Surfaces	Total def Surfaces
2	26	-	-	-	-	34	5	0	39
3	76	1	0	0	1	227	50	22	299
4	205	-	-	-	-	878	115	97	1090
5	228	16	0	1	17	1389	245	608	2242
6	230	130	0	19	149	1316	320	519	2155
7	222	232	0	138	370	1160	630	908	2698
8	137	273	8	131	412	713	310	537	1560
9	139	301	15	238	554	392	100	641	1133
10	78	148	15	170	333	155	53	319	527
11	36	84	10	89	183	38	20	94	152
12	12	31	0	47	78	-	-	-	-
13	5	15	0	14	29	-	-	-	-
14	1	3	0	0	3	-	-	-	-
Total	1395	1234	48	847	2129	6305	1845	3745	11,895

TABLE 8

DENTAL HEALTH SECTION
Dental Caries Experience - Average Number of Tooth Surfaces (Rate Per Child) of
Permanent and Primary Teeth of 1395 Children of Migrant Families, Ages 2 - 14 -- 1971

		Permanent Teeth					Primary Teeth				
Age	No. Children	"D" Surfaces	"M" Surfaces	"F" Surfaces	Total DMF Surfaces	F/DMF Surfaces	"d" Surfaces	"e" Surfaces	"f" Surfaces	Total def Surfaces	f/def Surfaces
2	26	-	-	-	-	-	1.31	.192	0	1.50	0%
3	76	.013	0	0	.013	0%	2.99	.658	.289	3.93	7.36
4	205	-	-	-	-	-	4.28	.561	.473	5.32	8.90
5	228	.070	0	.004	.075	5.88	6.09	1.07	2.67	9.83	27.12
6	230	.565	0	.083	.648	12.75	5.72	1.39	2.26	9.37	24.08
7	222	1.05	0	.622	1.67	37.30	5.23	2.84	4.09	12.15	33.65
8	137	1.99	.058	.956	3.01	31.80	5.20	2.26	3.92	11.39	34.42
9	139	2.17	.108	1.71	3.99	42.96	2.82	.719	4.61	8.15	56.58
10	78	1.90	.192	2.18	4.27	51.05	1.99	.679	4.09	6.76	60.53
11	36	2.33	.278	2.47	5.08	48.63	1.06	.556	2.61	4.22	61.84
12	12	2.58	0	3.92	6.50	60.26	-	-	-	-	-
13	5	3.00	0	2.80	5.80	48.28	-	-	-	-	-
14	1	3.00	0	0	3.00	0	-	-	-	-	-
Total	1395					39.78					31.48

TABLE 9

DENTAL HEALTH SECTION
Dental Caries Experience - Total Number of Affected
Permanent and Primary Teeth as Observed in Migrant Camps -- 1971

		Permanent Teeth				Primary Teeth			
Age	Number	"D" Teeth	"M" Teeth	"F" Teeth	Total DMF Teeth	"d" Teeth	"e" Teeth	"f" Teeth	Total def Teeth
1-9	399	190	6	100	296	947	85	327	1359
10-19	397	847	88	441	1376	129	21	85	235
20-29	69	231	91	121	443	-	-	-	-
30-39	48	180	109	60	349	-	-	-	-
40-49	32	109	106	33	248	-	-	-	-
50+	21	43	146	37	226	-	-	-	-
Total	966	1600	546	792	2938	1076	106	412	1594

TABLE 10

DENTAL HEALTH SECTION
Dental Caries Experience (Rate Per Child/Adult) in Permanent and Primary Teeth
As Observed in Migrant Camps -- 1971

		Permanent Teeth					Primary Teeth				
Age	Number	"D" Teeth	"M" Teeth	"F" Teeth	Total DMF Teeth	F/DMF %	"d" Teeth	"e" Teeth	"f" Teeth	Total def Teeth	f/def %
1-9	399	.476	.015	.251	.742	33.78%	2.37	.213	.820	3.41	24.06%
10-19	397	2.13	.222	1.11	3.47	32.05	.325	.053	.214	.592	36.17
20-29	69	3.35	1.32	1.75	6.42	27.31	-	-	-	-	-
30-39	48	3.75	2.27	1.25	7.27	17.19	-	-	-	-	-
40-49	32	3.41	3.31	1.03	7.75	13.31	-	-	-	-	-
50+	21	2.05	6.95	1.76	10.76	16.37	-	-	-	-	-
Total	966					26.96					25.85

DH 12/71

41

MIGRANT SCHOOL SCREENING
Referral and Billing Form

School _____

Child's Name _____ Sex ____

Tooth Number		Services Rendered	Cost
Deciduous	Permanent		

Program (Check) Title I ____ Headstart ____ Migrant ____

Date _____ Signed _____
(Dentist)

INSTRUCTIONS

To Dentist: Fill out and return to Summer School Director as indicated below:

_____

_____

_____

To Summer School Director: After payment has been made, please return this form to:

Mr. Alton Byrd
Oregon Migrant Service Center
1745 13th Street, S.E.
Salem, Oregon 97302

OSBH/MH
4/9/71

Stayton Migrant Health Center

Optometry Clinic

Patients Scheduled	148
Patients Examined	95
No Therapy	7
Lens Prescriptions	78
Single Vision	42
Bifocals	36
Medical Referral	6
Missed Appointment Rate	35.8%

Patients:

Average Age	31.34
Mode	31
Range	5 - 83
Pre-Presbyopes	58
Presbyopes	37

Busiest Clinic Hours:

4 p.m. to 7 p.m.

43

Oregon State Health Division

Office of Preventive Medical Services
Maternal and Child Health Section

Hearing and Vision Conservation Programs

HEADSTART SUMMARY

Spring and Summer, 1971

County	Preschool Hearing Screening					Preschool Vision Screening					
	Pure Tone Test	Unable to Test	School Age	Total Seen	Number Referred	Snellen Test	Allen Test	Unable to Test	School Age	Total Seen	Number Referred
Baker	27			27	1	26				26	
Columbia	39			39	4						
Coos	21			21	3	20	1			21	2
Hood River	47	3		50	6	42	6	2		50	1
Malheur	67	5	191	263	2	56	11	4	193	264	4
Union	24			24	2						
Totals	225	8	191	424	18	144	18	6	193	361	7

44 45

Oregon State Health Division

Office of Preventive Medical Services
Maternal and Child Health Section

Hearing and Vision Conservation Programs
MIGRANT SUMMARY
Spring and Summer, 1971

County	Preschool Hearing Screening					Preschool Vision Screening					
	Pure Tone Test	Unable to Test	School Age	Total Seen	Number Referred	Snellen Test	Allen Test	Unable to Test	School Age	Total Seen	Number Referred
Marion	215	5		220	22						
Umatilla	21	2	5	28	2	18	4	1		23	5
Totals	236	7	5	248	24	18	4	1		23	5

Oregon Migrant Health Advisory Committee

Organization

ARTICLE I - Name

This committee shall be known as the Oregon Migrant Health Advisory Committee.

ARTICLE II - Locale and Frequency of Meeting

The primary coordinating center for the Oregon Migrant Health Advisory Committee shall be located in Portland. The location of meetings shall be determined by the committee membership. There shall be as many meetings as necessary to conduct business but no less than four (4) meetings per year.

ARTICLE III - Purpose

The purpose of the Oregon Migrant Health Advisory Committee shall be to:

a) Review and evaluate the Oregon State Health Division Migrant Health Project (program, budget):

   1) What are the services being provided?

   2) Who is utilizing services?

   3) What are the health needs of migrant workers and their families?

   4) What is the relevancy of the services in terms of true need?

b) Advise in the areas of:

   1) Objectives of the migrant health project.

   2) Program emphasis (priorities).

   3) Criteria for county migrant health project grant applications.

c) Assist the Oregon State Health Division Migrant Health Project staff in development of a work program.

d) Review and comment on Oregon State Health Division and Local Health Department Migrant Health Project work programs.

e) Suggest topics and/or develop guidelines for training of migrant participants on how to function as advisory committee members.

ARTICLE IV - Membership and Term of Office

Members of the committee shall be selected and appointed for a

specified term by the Public Health Officer, Oregon State Health Division, (or his delegate), who will designate a temporary chairman at the inception of the Advisory Committee. The temporary chairman shall preside for the first two meetings. At the third meeting the committee will elect a chairman who will serve for one year. Term of membership on the committee will be for one (1) year. Each member will be eligible for reappointment for not more than eight (8) successive years.

The committee shall consist of twelve members:

Two home-based migrants
Two settled-out migrants
Two members from public-at-large
One grower
One community health aide
One local sanitarian
Two out-of-state migrants
Two alternates for out-of-state migrants
One local project nurse

Committee members will be selected on the basis of their interest, experience, knowledge, skills, and leadership in the area of migrant health.

The director and staff members of the Oregon Migrant Health Project shall serve as technical assistants to the Oregon Migrant Health Advisory Committee. The staff members shall be responsible for providing the committee all necessary and requested information, such as:

a) The Oregon Migrant Health Project's goals and philosophy of meeting the health needs of the migrant agricultural workers and their families;

b) The federal, state, and local administration procedures of the project;

c) Project component information;

d) An analysis of existing problems and present approaches to handling them;

e) Progress report of total program as well as components.

ARTICLE V - Committee Chairman

The Chairman shall be responsible for the following: (to be assisted by the Project staff)

a) Establishing meeting dates and calling the committee together;

b) Setting the agenda;

c) Requesting background information concerning agenda topics;

d) Presiding at meetings;

e) Undertaking necessary follow-up;

f) Requesting required reports;

g) Maintaining necessary personal contact with members and the State Health Officer.

Secretarial help will be provided by the Project.

The secretary shall be responsible for the following:

a) Preparing a record of the committee meeting which shall include:
   1) Names of members attending
   2) Names of members absent
   3) Names of other individuals present at meeting
   4) Date and place of meeting
   5) Summaries of reports and discussions, recommendations, etc.

b) Assisting with preparation of agendas;
c) Notifying members of date, time, and place of meetings;
d) Assisting with scheduling of a proper meeting place;
e) Circulating meeting reports to all members, the Director of Migrant Health Project, and other people designated by the Chairman.

SK:ah
7-13-71

MEMBERS OF STATE MIGRANT ADVISORY COMMITTEE

NAME	PHONE NUMBER
Reverend Donald Durand 330 S.E. 11th Avenue Portland, Oregon 97214	232-5880
Juan Antonio Erevia, Jr. P. O. Box 21 Culver, Oregon 97734	546-3294
Thomas A. Gail, M.D. 1314 E. Sherman Street Newberg, Oregon 97132	538-2145
Eugene Jacobus 150 N.E. 3rd Street Hillsboro, Oregon 97123	648-8867
Jose Jimenez c/o Manuela Marney Jackson County Health Department Medford, Oregon 97501	779-2330
Lionel Lucero P. O. Box 141 Gaston, Oregon 97119	985-7088
Emma Matones 302 E. Main Street Nyssa, Oregon 97913	372-3417
Earl Moore Rt. 1 Box 169 Hood River, Oregon 97031	387-3407
Janice Reynolds 2455 Franzen Street, N.E. Salem, Oregon 97301	364-8427
Barbara Ryberg 373 Vista Ashland, Oregon 97520	482-3825
Arnold Salazar P. O. Box 90905 Salem, Oregon 97305	581-9767
Roy Uranga 789 S.E. 3rd Ontario, Oregon 97914	889-8595
Connie Ybarra Rt. 1 Box 315 Hood River, Oregon 97031	387-3594

Oregon Migrant Health Advisory Committee
Meeting
September 1, 1971

The first meeting of the Oregon Migrant Health Advisory Committee was called to order at 1:20 p.m. September 1, 1971, by Sonja Kollias, Temporary Chairman, in the Board Room of the Blue Cross Building, Portland, Oregon.

Those present were:		Those absent were:	
Committee Members			
Reverend Donald Durand		Jose Jimenez	
Juan Antonio Erevia, Jr.		Emma Matones	
Thomas A. Gail, M.D.		Roy Uranga	
Eugene Jacobus		Connie Ybarra	
Lionel Lucero			
Earl Moore			
Janice Reynolds			
Barbara Ryberg			
Arnold Salazar			
State Health Division Staff			
Marva Graham	Administrator		
Edward Press, M.D.	State Public Health Officer		
Robert M. Heilman, M.D.	Director Migrant Health Project Occupational Health Section		
Lois Epeneter	Project Nurse		
Marion Kelsven	Project Nurse		
Raymond Jorgensen	Project Sanitarian		
Sonja Kollias	Project Health Educator		
Hilary Dix	Research Analyst, Office of Comprehensive Health Planning		

Following an introduction session in which each person introduced to the entire group the person seated on his left, Dr. Press officially greeted the newly-appointed committee. It was pointed out by Dr. Press that the committee would perhaps have to deal with only two constraints:

1. The total amount of money budgeted for the Migrant Health Project; and

2. The Federal Policy regulations, such as no payment of hospitalization costs.

These constraints need not necessarily be barriers to recommended changes. Mrs. Marva Graham reviewed with the committee their purpose as set forth in the preliminary organization plan and emphasized the committee's prerogative to make any changes in the plan which they felt necessary in order to function.

The committee then discussed several items following a brief description of the migrant health project by Dr. Heilman.

Items discussed:

1. Who actually receives services of the migrant health project? The Committee was provided with the Federal Migrant Health Project's definition of a migrant,

which specifies the service group (copy of definition is attached). Mrs. Reynolds noted the problem she encounters as a project nurse in having to distinguish between migrants and non-migrants when both need the project services.

2. Lack of sufficient migrant farm labor housing and resultant problems to laborer, farmer, and community were described by Mr. Erevia and Mr. Salazar. It was suggested that the Committee may want future contact with the new Housing Division created under the State Department of Commerce. Mrs. Graham mentioned that one of the Housing Division's priorities, as stated in the legislative bill, related to housing for migrant farm workers.

3. Various programs providing health services for migrants and the need for coordination among these programs. The committee requested information on all programs involved in migrant health services. Mrs. Ryberg recommended having brief information regarding such programs presented by a staff person at the next committee meeting. The committee plans to invite representatives of such programs to future committee meetings in order to obtain more detailed information. Mr. Lucero described his feelings regarding the Student American Medical Association (S.A.M.A.) Migrant Project which operated in five Oregon counties in summer 1971. Mr. Lucero offered to share a formal evaluation report of the SAMA project upon his receipt of the report.

   Mrs. Graham asked the committee their reaction to recommending that local areas establish coordinating groups in order to more effectively utilize the various services scheduled in an area.

   Father Durand mentioned the need to spend time philosophizing in an effort to achieve a people-to-people approach, placing the committee in the position of a coordinating and enabling group.

4. The budget and services of the Oregon Migrant Health Project. Dr. Gail expressed the need to learn more about the project, the amount of money involved, how it is allocated to the local projects. The committee decided to have a detailed review of the budget at their next committee meeting.

   Mr. Jacobus described the sucesssful efforts of the Washington County Migrant Health Advisory Committee in obtaining funds to partially support eight evening clinics and to pay for eyeglasses and dental care. The committee was informed of state and local project staff's efforts to utilize all known resources in the provision of health services for migrants. The amount of health services consumed by migrants in Oregon far exceeds the project's budget ability to pay for such services.

5. The allotted budget for the Advisory Committee ($1700 for fiscal year 1971-1972). Mr. Lucero requested a billing number for telephone use by committee members as well as payment for mileage accrued in the line of duty for the committee. Mrs. Graham explained the state government's telephone system which would be available to committee members by their utilizing a state government phone.

   Mrs. Graham recommended that the committee determine what they wished to accomplish with their $1700 budget and decide whether or not they want to

allocate a portion of their funds for telephone and mileage above that allocated for transportation to and from meetings. A total cost of the first meeting was requested as a guide for the committee's decision to be made at a future meeting.

6. The next meeting. The committee decided to meet the afternoon of September 22, 1971, at the Board Room, Blue Cross Building, to review the budget, elect officers, and organize their plan of action.

   Note: The Blue Cross Building Board Room, at 100 S.W. Market Street, Portland, has been confirmed for the September 22 meeting.

Following a review of expense reimbursement forms and procedures, the meeting adjourned at 4:40 p.m.

Submitted by:

Sonja Kollias
Temporary Chairman
Oregon Migrant Health Advisory Committee

SK:dp

OREGON MIGRANT HEALTH ADVISORY COMMITTEE
Second Meeting
September 22, 1971

The second meeting of the Oregon Migrant Health Advisory Committee was called to order at 1:20 p.m., September 22, 1971, by Sonja Kollias, Temporary Chairman, in the Board Room of the Blue Cross Building, Portland, Oregon.

Those present were:

Committee Members
Reverend Donald Durand
Juan Antonio Erevia, Jr.
Thomas A. Gail, M.D.
Eugene Jacobus
Jose Jimenez
Lionel Lucero
Emma Matones
Earl Moore
Janice Reynolds
Barbara Ryberg
Arnold Salazar
Roy Uranga

absent:

Connie Ybarra

State Health Division Staff
Robert M. Heilman, M.D.
Lois Epeneter
Raymond Jorgensen
Marion Kelsven
Sonja Kollias
Hilary Dix

Other
Bill Hobson . . . . Region X HSMHA, Migrant Health Project
Ester Martinez . . . . Woodburn Chicano Cultural Center
Martin Romero . . . . Guest of Mr. Lucero

Introduction of committee members was repeated in order to give those members who were unable to attend the September 1 committee meeting an opportunity to become acquainted and express any concerns they had relating to migrant health services. Mr. Jimenez related two main concerns: 1) the community health aide working with the Jackson County Migrant Health Project is working without support of other staff and therefore does not have the time to handle all the migrant health needs; and 2) poor sanitation and housing conditions in farm labor camps.

Minutes of the September 1, 1971 Advisory Committee meeting were accepted; so moved by Janice Reynolds; seconded and carried. Juan Erevia moved that the minutes be provided in Spanish as well as English; seconded and carried.

NEW BUSINESS

Election of Officers: Following discussion, the committee decided to elect officers at the beginning of the third committee meeting.

OREGON MIGRANT HEALTH ADVISORY COMMITTEE
Second Meeting - September 22, 1971

Review of Budgets: The committee reviewed the budgets for the 12 local projects and the state project. Some of the items discussed were: the reimbursement procedure. Dr. Gail inquired about the total amount of dollars in the budget and the method by which local projects are reimbursed for expenses. The local projects spend county money for migrant health services and then request reimbursement from the State Health Division as frequently as once per month or once every three months.

Amount of Money for Medical Care of Migrants: Mr. Lucero noted that the budget indicates the migrants are getting nothing and the staff getting everything and questioned why sanitation staff were retained if they were not doing their job. Mr. Jacobus explained the various reactions to a sanitarian when the sanitarian enforces camp sanitation regulations, resulting in camp closure, i.e., the same people who request enforcement become upset when camp closures reduce the amount of housing available. Mr. Uranga indicated that Malheur County needs more funds to serve migrants in that area, through the employment of additional aides for outreach services.

Program Evaluation: It was recommended that the Advisory Committee review all local migrant health project and budget proposals. Mr. Hobson suggested the local advisory committees be included in the review process with a relationship being established between the State Advisory Committee and the local advisory committees. Mr. Lucero requested information regarding the need for and function of the psychologist employed by the Yamhill County Migrant Health Project. Dr. Heilman will obtain the information for presentation at the next committee meeting.

Accurate Count of Migrants: In reviewing the individual county project budgets, some committee members expressed the need for an accurate count of migrants in each area in order to provide a true picture of the health needs. The numbers of migrants reported for each area were felt to be under estimates of the actual number. Mr. Erevia indicated knowledge of more migrants in the Central Oregon area than reported. Various methods currently used to count migrants were discussed.

Economic Problems Faced by Migrants: Miss Martinez discussed the lack of labor rights for migrants, lack of Social Security coverage, and lack of available health services, based on her contact with migrants and farm workers in the Woodburn area. Some of the health problems mentioned, i.e., no ambulance service and refusal of hospital emergency room care indicated either a need to better inform migrants of available health services or a need to better understand the particular circumstances involved in emergency room treatment procedures.

Next Meeting: The committee decided to meet October 13, 1971, at 1:00 p.m. in the Auditorium of the Blue Cross Building, 100 S.W. Market Street, Portland. Items on the agenda will include:

1. Discussion of mental health services paid for by Yamhill County Migrant Health Project;
2. Discussion with a representative of the State Housing Division; and
3. Discussion with a representative of the State Department of Welfare.

Dr. Gail requested further discussion of an "identification card" for migrants entitling the card holder to health services.

The meeting adjourned at 5:15 p.m.

Respectfully submitted,
Sonja Kollias
Temporary Chairman

Migrant Health Advisory Committee
Third Meeting - October 13, 1971

The third meeting of the State Migrant Health Advisory Committee was called to order at 1:30 p.m. by Sonja Kollias, Temporary Chairman, in the Auditorium of the Blue Cross Building in Portland.

Those present were:

Committee Members

Juan Antonio Erevia, Jr.
Eugene Jacobus
Earl Moore
Janice Reynolds
Barbara Ryberg

State Health Division

John Donnelly, M.D.
Robert M. Heilman, M.D.
Lois Epeneter
Raymond Jorgensen
Marion Kelsven
Sonja Kollias

Those absent were:

Reverend Donald Durand
Thomas A. Gail, M.D.
Jose Jimenez
Lionel Lucero
Emma Matones
Arnold Salazar
Roy Uranga
Connie Ybarra

The meeting opened with discussion as to whether or not to proceed with business in view of the small number of members present. Since no quorum was specified in the organizational plan and all members were informed of the agenda, it was agreed that the meeting should proceed as scheduled. However, election of officers was postponed until the end of the meeting to accommodate any late arrivals.

Old Business:

Dr. Heilman reported that he had contacted Yamhill County re: the need for and function of the psychologist employed by the project, as had been requested at the last meeting. Dr. Ragan sent a letter explaining the functions and services to the migrants. It was further pointed out that there had been 86 consultations given and 124 interviews since June. One-third of clients were Anglos and two-thirds were Mexican-Americans. (Only one psychotic individual was seen, while the great majority were those with emotional problems.) Group consensus was that these services were justified.

New Business:

Discussion of Federal policies and guidelines:

Sonja Kollias gave a brief explanation of new trends in migrant projects on the basis of Federal guidelines and policy statements. She pointed out that the committee may find it necessary to direct their thinking to ways of meeting the new guidelines which make it impossible to continue the project in its present form for any length of time. It was pointed out that the present emphasis is toward establishment of rural health centers to serve migrants along with other population groups and to use multiple funding.

Mrs. Ryberg commented that this policy would mean local agencies must work

cooperatively. Mr. Moore wondered if this would include all local agencies. Sonja cited the Toppenish project as an example of an established health center and some of the involvement of the area. Janice Reynolds questioned whether Federal funds could or would be granted independently in spite of local efforts and attitudes which might not always be positive. It was pointed out that all projects must be cleared through the Area and State Comprehensive Health Planning Councils, though the area recommendations could be overruled. Dr. Donnelly further explained Comprehensive Health Planning.

Lois Epeneter suggested various types of non-profit groups which could serve as sponsors of a project, since guidelines will almost surely preclude sponsorship through official health agencies in this state due to conflicts with Oregon law. Eugene Jacobus felt that this committee should go on record as opposing the new policies. Mr. Erevia expressed concern regarding the migrant needs in his small community. The group felt that the community itself needed to exert pressure to accomplish this and gave several suggestions on possible approaches to organize the community. Mrs. Ryberg related her experience in helping to generate community interest in Jackson County. Her initial approach was through the Migrant Ministry, which led to further productive contacts, culminating in formation of the Jackson County Migrant Advisory Committee which had its first meeting Monday evening, October 11. Eugene Jacobus suggested that perhaps mobile clinics might be a means of serving the smaller communities.

The group felt that it would be essential for each individual to read and study the policies and guidelines before specific committee recommendations could be made. Copies will be provided to the members to study before the next meeting.

Discussion with Mr. Ted Schneider representing the Advisory Council to the State Housing Division:

Mr. Schneider explained the formation of the State Housing Division and the present emphasis on enforcement of housing regulations in migrants. There is now available federal assistance for migrant housing on the basis of a 90% grant, 10% loan, but this housing must be suitable for year-round occupancy. He suggested that there are alternatives to building new housing which should be considered, such as the experimental use of facilities at Mt. Angel College last summer. He also mentioned demountable facilities, movable units to be rented to growers, working through the county housing authorities, etc. He clarified functions of the new State Housing Division and answered many questions from the group.

Election of Officers:

Motion by Eugene Jacobus that election be held today as scheduled. Seconded and passed.

Motion by Eugene Jacobus that the person receiving highest number of votes be chairman, the second highest number be vice-chairman. Nominations made and election by ballot resulted in:

Eugene Jacobus - Chairman
Juan Erevia - Vice Chairman

Mr. Moore moved that a secretary be elected from this group. Motion made and carried that Janice Reynolds be secretary.

Minutes of Meeting:

The state staff will prepare and mail out minutes of this meeting. Janice Reynolds moved that Spanish translation of the minutes be sent to those who read only Spanish. Seconded and passed.

Agenda for Next Meeting:

This committee should determine:

(1) What constitutes a quorum

(2) Possible designation of alternates for committee members and how these shall function

(3) Procedure for replacement of members who miss a certain number of meetings or move away.

Preliminary report of a planned meeting of the state staff with Region X regarding next year's funding.

Date for Next Meeting: November 10, 1971 at 1:00 p.m. in the Auditorium of the Blue Cross Building, Portland.

The meeting adjourned at 5:00 p.m.

Submitted by:

Sonja Kollias
Temporary Chairman
Oregon Migrant Health Advisory Committee

OREGON MIGRANT HEALTH ADVISORY COMMITTEE
Fourth Meeting
November 10, 1971

The meeting was called to order at 1:40 p.m. November 10, 1971 by the chairman, Eugene Jacobus.

Those present were:

Committee Members

Juan Antonio Erevia, Jr.
Thomas A. Gail, M.D.
Eugene Jacobus
Janice Reynolds

absent:

Reverend Donald Durand
Jose Jimenez
Lionel Lucero
Emma Matones
Earl Moore
Barbara Ryberg
Arnold Salazar
Roy Uranga
Connie Ybarra

State Health Division Staff

Darrel Douglas
Lois Epeneter
Marion Kelsven
Sonja Kollias
Raymond Jorgensen

Minutes were accepted as printed and mailed.

Discussion was held regarding the small number of committee members present. A suggestion was made by Sonja Kollias that we discuss the agenda today and send the tentative decisions to other members for approval; the comments should be returned to the State Office. The consensus was that this be done.

REPORT ON MEETING WITH REGION X: Darrel Douglas reported that the Occupational Health Section has been altered. Mr. Douglas is now Director of the Occupational Health Section and therefore is now Director of the State Migrant Health Project. Dr. Heilman now serves as a consultant. Mr. Douglas reported on the meeting with Region X on November 4, 1971. See the attached memorandum.

Item 1. Projects will be consumer based, thus Projects cannot be funded through health departments as such but more likely would be operated through other groups, i.e., VML, OMA, etc. It would be a possibility then for them to contract with health departments for services.

Item 2. Do not expect transition to be completed this year.

Item 4. More following the meeting on November 12.

Item 5. Funding - mostly direct from Region X. Some existing local projects will continue in the coming year; however, no final decisions have been made as yet by Region X. Some funding may stop in February 1972 for those which will not have projects in the next fiscal year ('72-73). The decision will be made by Region X by mid January 1972.

Item 6. The state project will continue through another year. State staff will help find resources for those counties who no longer receive Migrant Health funds.

Item 7. Part of money will be spent on existing projects. Most of money will go to new projects. Dr. Gail commented that the new plan appears poor in that it will remove ingenuity in providing services on a local basis and the services will deteriorate. Concern was expressed that the people who need care will not receive as adequate care as in the past.

Committee Action: Discussion followed regarding the new program and how the State Migrant Health Advisory Committee can promote alterations in the proposed plans. A letter to Marva Graham, Administrator, Oregon State Health Division, was composed. It was moved by Janice Reynolds that it be mailed after approval by a membership quorum; seconded and passed.

DISCUSSION OF QUORUM: Committee Action: Discussion was held regarding setting a quorum for meetings. Juan Erevia moved that a quorum of seven (7) be set; seconded and passed.

DISCUSSION OF COMMITTEE STRUCTURE: Committee Action: Discussion was held about changing the committee structure to include representatives from local advisory boards. It was moved by Dr. Gail that this discussion be tabled; seconded and passed.

DISCUSSION OF ALTERNATES TO COMMITTEE MEMBERS: Committee Action: Discussion was also held concerning the possibility of each member having an alternate to attend when the member cannot attend. Janice Reynolds moved that each committee member submit the name of an alternate member from the same area and representation and that these suggested people would be considered by the State Migrant Health Advisory Committee for approval as alternate members; seconded and passed.

DISCUSSION OF MEETING WITH DR. WEST: Committee Action: A motion was made by Dr. Gail that the chairman appoint representatives to meet with Dr. West to express our viewpoints regarding the present policies as outlined, on November 22, 1971; seconded and passed.

FEDERAL POLICIES AND GUIDELINES: Committee Action: It was suggested that discussion on Federal policies and guidelines be delayed until the final policies are provided.

NEXT MEETING: Next meeting will be set in late January or early February after we receive more information from Region X, DHEW.

Meeting adjourned at 4:15 p.m.

Respectfully submitted

Mrs. Janice Reynolds
Secretary